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"For many fortunate discoveries in medicine, and for the detection of numerous "errors, the world is indebted to the rapid circulation of Monthly Journals; "and there never existed any work to which the Faculty in EUROPE and "AMERICA were under deeper obligations than to the Medical and Physical "Journal of London, now forming a long, but an invaluable, series." RUSH.

Original Communications.

FOR THE LONDON MEDICAL AND PHYSICAL JOURNAL.

On the Use and Abuse of Purgatives. By Dr. KINGLAKE.

THE use of purgative remedies is most extensive in alleviating and curing diseases of various descriptions. There is, perhaps, no function in the animal economy of so much importance to life and health as the regular and uninterrupted office of the intestinal canal: any considerable deviation from the healthy action of the bowels must necessarily be productive of injurious effects. The first passages, as they are phrased, comprising the stomach and the whole alimentary tube, may be said to constitute the grand outwork of the animal frame: on the integrity, therefore, of this radical part of the system, will mainly depend the more or less perfect state of the general health. The diseases to which the stomach and bowels are liable, are various in nature, in form, and in degree; and all of them are of sufficient importance to demand early and efficient attention. Diseases of the inflammatory kind occurring in the first passages require immediate and adequate relief, to obviate the direct danger of life with which they are inseparably attended. Inflammatory affections of these parts must be speedily overcome, or there will be imminent risk of their running into the gangrenous state, with an insidious rapidity that would preclude the possibility of relief.

Diseases of this species may be regarded of the acute kind, and are liable to occur in any temperament, but more particularly in the sanguineous, the robust, and intemperate. The urgent distress attending these cases allows of no delay in resorting to some mode of remedy; it will therefore, in general, be as promptly rendered as required, and the desired relief will most likely be obtained. On these occasions bleeding is the principal remedy: it should be freely employed, both generally and to-

pically. After the hardness and compass of arterial action have been sufficiently reduced by general bleeding, if inflammatory pain and tension should remain in any part of the first passages, more blood should be freely and perseveringly taken, either by cupping or leeching, from the abdominal surface, as near to the part affected as may be convenient. Topical bleeding at the advanced and unyielding periods of visceral inflammation, promises to be more effectual in overcoming the disease, than topical stimulus in the way of counter-irritation. Indeed, it would appear, from considerable experience, though perhaps not sufficient fully to warrant its invariable adoption, that cold, topically applied over the region of the visceral cavities, in inflammatory affections of their contents, would prove more directly and lastingly remedial than either vesication, pustulation, rubefacience, or any other mode of inducing increased vascular action on the cutaneous surface. In these cases, a saturated solution of either tartrite of potass or sulphate of magnesia, in oat-gruel or barley-water, and taken to the extent of freely evacuating the bowels, will be found the best purgative remedy, as it will procure all the discharge that may be wanting, with the least possible stimulus; which, in stomachic and intestinal inflammation, is the desideratum. If it should not be speedily operative, a similar solution may be injected clysterwise; and the patient's support during the active and perilous stage of the malady, should be exclusively confined to toasted bread and water, barley-water, and oat-gruel.

An objection, it may be presumed, may be here fairly taken against the usual preposterous mode of endeavouring to move the bowels by a large variety of purgative medicines; the united stimulus of which is surely contra-indicated by the existing inflammation, and cannot be employed without occasioning a serious aggravation of disease. Aloes, jalap, scammony, calomel, &c. may be justly regarded as too stimulating on these occasions; and should in every instance be superseded by a solution of neutral salts, rendered bland by a suitable addition of castor-oil or manna. Drastic purgatives are noxious stimulants in inflammatory affections of the alimentary canal; and are, generally speaking, perhaps more likely to induce spasmodic and insuperable constriction, than a soluble state of the first passages.

A disordered action of the stomach and bowels may be truly said to lie at the root of the greatest portion of chronic diseases incident to human nature. The digestive, chylifacient, nutrient, and transmitting, functions of the alimentary canal, are of the most vital importance, and cannot be impaired without incurring much ailment, and not suspended without an inevitable destruction of life. As transmitting organs, the office of

the intestines is indispensably necessary to both health and life. Their digestive and nutrient functions are equally requisite for the support and continuance of existence. The investigation that should clearly ascertain the share which a disordered state of the digestive organs had in producing most of the chronic, and many of the acute, affections arising in the animal economy, would be of inestimable practical worth; as it would directly point to the chief cause of occurring diseases, instead of allowing of conjectures concerning them, that often prove to be seriously erroneous. Misapprehensions of the nature of disease are deplorable practical evils, as they at once preclude the possibility of affording relief, and may greatly exasperate the existing difficulty. Diseases of the first passages, whether founded in inflammatory action, in deficient tone, in disturbed habit, in vitiated irritability, in distempered sensibility, faulty secretions, or in either excessive or insufficient evacuations, are objects requiring the nicest discrimination, and the most precise adaptation of appropriate treatment. To say that a morbid state of these organs, however circumstanced, requires a free use of purgative medicines, would be to authorize the abuse into which this mode of remedy not infrequently falls.

Due attention to the history of diseases in which the stomach and bowels sooner or later become prominently affected, will show that, in by far the greater number of instances, the origin, the progress, and eventual establishment, of the disease, were principally, if not solely, referable to a disordered state of these organs. Febrile affections, whether from general or particular causes, very commonly either derive their origin, or owe their long continuance and obstinacy, to an unnatural condition of the first passages. It is enough that these important parts should imperfectly execute the several offices with which they are respectively connected, not only to induce positive disease in their own immediate sphere of action, but to awaken morbid sympathies in any or all the other vital organs. Palpitation at the heart, oppressed respiration, head-ach, pains in the ligamentous and tendinous structure, and also in the muscular fibre, disposing to spasmodic irregularity of action, are among the direct sympathetic effects of a morbid state of the stomach and bowels. Indeed, every action of both life and health is so intimately allied to an undisturbed condition of the first passages, that most of the internal, as well as external, ailments that present, may be justly said to be more or less influenced by their existing state. The most untractable diseases in surgery, whether tumors, ulcers, or even osseous enlargements and incurvations, have often the cause of their unyielding inveteracy lurking in a morbid derangement of the digestive organs; and can only be remedied by correcting the faulty state of these parts.

The salivary, the gastric, the biliary, the enteric, and pancreatic, secretions, are indispensable agents in the healthy process of digestion. These are very apt to be vitiated when the secerning actions by which they are generated, are, by any course, rendered unnatural. Any considerable deviation from the natural state of either of these fluids, would unfit it for the decomposing and re-arranging uses to which they are severally destined in the animal chemistry of nature. If the gastric juice is not the precise product intended, it is an offensive fluid: the same may be said of the bile, and other ingredients in the process of digestion. The disordered action producing these degenerated fluids, likewise awakens visceral and other sympathies over the frame, so as greatly to disorder the general health, and to preclude the possibility of its being restored until the natural actions and secretions of the disordered parts be reinstated. This very generally is to be effected by purgative medicine, conducted so as to reach the salutary object, and not to go beyond it.

The chief indication to be regarded in the use of purgative medicines, is to excite the peristaltic power of the intestines sufficiently at once to secure a due transmitting action on the contents of the intestinal canal, and a healthful course of alvine secretions. When these salutary objects have been obtained,—when the digestive, the assimilative, nutrient, and evacuant, functions of the first passages have been established, there can be no further occasion for subjecting these parts to the influence of cathartic medicine. The morbid condition and effects of constipation, torpor, and noxious sympathies, must be overcome, before a restoration of the healthy state either of the digestive organs or of the system at large, can be produced. Continued excitement, for the several purposes of inducing additional determination of the circulating fluids, increased action, and improved energy, on the alvine viscera, is often required in affections of the first passages. These various effects do not admit of being at once accomplished. The endeavour for realizing them must be therefore pursued with a perseverance commensurate with the difficulty and importance of the object to be obtained.

The necessary distinction to be kept in view, in the use of purgative medicine in diseases more particularly of the digestive organs, is, that the prevailing debility, either of the system at large or of the first passages, is more effectually overcome by cathartic excitement than by tonic influence. The stimulus of purgative action at once energizes the languid and torpid state of vital power on these occasions, and induces actions and discharges that directly conduce to invigorate and amend the weakened and diseased state of the parts subjected to such ex-

citement. The digestive organs have for the most part secreting functions to perform; and, if these are not aided and promoted in the various diseases to which they are liable, no radical amelioration of the morbid state is likely to be produced. Any medicinal influence that may have the effect of simply stimulating, in the calculation that the low ebb of vital power may be thereby raised and improved, would be more likely to increase and confirm the existing debility, by exhausting the feeble remains of vital power, and rendering a restoration of the healthful state additionally difficult. The salutary action of purgative medicine, properly restrained and regulated, does not therefore consist in weakening, but, on the contrary, in strengthening, by re-producing that natural state of alvine function on which health and strength essentially depend.

The correct discrimination on which the use of purgative influence should be substituted, in cases of alvine weaknesses and disordered secretions, for the direct adoption of tonic treatment, is of the utmost practical worth, because it has a tendency to remove disease, instead of locking-up and establishing it. But this great benefit is apt to be converted into a proportionate evil, by being heedlessly carried beyond the bounds by which its useful operation is limited. In the use of purgative medicine, it is warrantable to extend its influence to a full and adequate correction of all that may be amiss in the evacuant, digestive, assimilative, and secreting, offices of the intestinal canal. When these amendments have been effected, it will be time to desist from a further prosecution of the remedy; lest, by over-acting, the intended purpose of renovating lost power and function should be defeated by the morbid sensibilities and irritabilities, and even positive abrasion, of the mucous surface, that are apt to result from an excessive employ of cathartic medicine.

Torpor and insufficient action, from various causes, are apt to prevail in the first passages: on these occasions, the secreting, the digestive, and transmitting, offices of these parts, are either excessive, deficient, or vitiated. A long continuance of this state will superinduce the inveteracy of habit, than which a more untractable influence cannot obtain in the animal economy. To subdue this morbid condition of the stomach and bowels by a due use of evacuating stimulants, is indispensably necessary, before the natural energy and regularity can be restored. When this is effected, no further warranty can remain for longer employing this description of medicine. Were it to be extended beyond the salutary point of relief, it would tend to excite unhealthy action, to exhaust vital power, and finally even to disorganize the structure of the surfaces on which such protracted influence may be exerted. The advantages resulting

from a judiciously-directed use of purgative medicines, are undeniably great; but these benefits are not derivable from their inordinate and indefinite employ. The determination or additional afflux of circulating fluids to the intestines, produced by cathartic medicine, removes torpor, and awakens the degree of vital exertion that is necessary to a healthy performance of the complicated and important function of the digestive organs. The system at large sympathizes with the state of the stomach and bowels: if the latter be disordered, the former will partake in the ailment. Thus, in every variety of malady, a duly active state of the alimentary canal is essential to the recovery of health.

In most diseases, it has long been the fashion to refer the chief cause to the stomach and bowels: these organs are evidently concerned, either originally or sympathetically, in a very large proportion of the diseases that occur; it will be therefore requisite, to endeavour to adjust the irregular state of these parts at the earliest period, and in the most efficient manner. The aspect of the discharges is the best criterion by which to be guided: quantity is also an object worthy of notice. Both the bulk and quality should be such as is consistent with the healthy state. When this has been fully established, the purgative indication is at an end; and, if it be carried farther, affections of inordinate excitement, colliquative discharges, mucous abrasion, and even derangement of organic structure, may be produced. Instances, it may be presumed, often occur of the purgative practice having been pushed beyond the salutary limit, and by which serious mischief has been incurred. Numerous cases of the kind are within my own immediate knowledge, in which digestive derangement, and a consequent train of nervous disease, founded in distempered and preternaturally increased sensibility, have resulted from an indiscriminate and excessive use of purgative medicine.

The object to be effected by cathartic medicine, is more to energize and restore tone to the weakened and torpid action of the first passages, than to induce evacuation. The evacuations that are successively procured neither result from excessive accumulations, nor are they originally ill-conditioned; but they are the product of disordered secretions and imperfect digestion, and are incessantly generating and amassing, whilst the diseased or unnatural action of these parts continues. When, therefore, this vitiated state has been corrected, nothing more can be beneficially done by evacuation. Adequate nutrition, air, exercise, temperance, and regularity in all circumstances that may be conducive to the general health, will best aid in establishing and preserving the acquired benefit.

Purgative medicines protracted beyond the point at which

they remove what would be offensive to retain, and at which they subdue diseased action, and tend to reinstate that which is healthy and natural, must necessarily be injurious. Numerous instances have occurred of the deleterious effects of unduly stimulating the intestinal canal by cathartic substances. The peristaltic power has been impaired, so as to induce either diarrhœal atony or unexcitable torpor; the villous coat has been either inflamed or abraded; the mucous secretion, instead of being a bland sheathing product for lubricating and protecting the interior of the intestines from the occurring acrimony of their feculent contents, has been so increased as to assume an unnatural arrangement, and to become thin and acrid, abounding with the saline qualities of the circulating juices. In these circumstances, it is hardly conceivable that more distress can be experienced, as the result of an immoderate, inapplicable, or abusive, employ of a valuable remedy. To overcome the diseases of torpor, faulty secretion, deficient transmission, and unnatural sympathies, is an extent of remedial influence fairly falling within the legitimate scope of cathartic excitement. The most important benefits have been afforded by its judiciously-regulated action, in every variety of febrile affection, in nervous diseases, in visceral maladies, in local ailment on the exterior of the frame, whether consisting of tumefaction or ulcerative solution of organic structure, and more especially in despeptic disorders, and in the endless train and diversity of their morbid sympathies. The use of the remedy will be shown in these numerous occasions, by its being accurately adapted to existing circumstances, by its being directed to the removal of what is evidently a state of disease, and rigorously limited to that salutary purpose. If it be urged further, and a warranty be assumed from the manifest benefit resulting from it for carrying it to an indefinite length, the worst effects of exhaustion, both general and local, of inflammation, abrasion, and ulceration, may be produced. A few deplorable cases of this description are in my reference, in which the medical evil was cruelly realized, of rendering the remedy worse than the disease.

Therapeutic medicine is under great obligations to Dr. Hamilton, for his intelligent exposition of the use of purgatives. Relying on the authority of correct observation, he has proposed, with fearless confidence, the employ of purgative medicine under circumstances, and to an extent, that had been previously unexampled. Facts justified him in recommending what he was sure would prove advantageous; and he has been amply borne out by the experience of others, in the high opinion he gave of the utility of purgative medicines in diseases which had before been treated very differently.

The first passages either at once originate or continue a large

proportion of the diseases incident to human nature: the curative indication, therefore, should be watchfully directed to those parts of the system; and, as their functions are complicated and connected with digestive, secreting, and evacuating, actions of great variety, it is reasonable to suppose that they are peculiarly liable to disease, and especially requiring an adequate application of efficient remedies.

In all ages, from the remotest records of medical practice to the present period, the importance of purgative medicine has been recognized and acted on. The humoral pathology induced a strong persuasion of the necessity of such mode of attempting relief in most cases of disease. The peccant humours, as they were termed, were to be summarily expelled by the intestines; but, when this seemed to be contra-indicated by the impaired strength of the patient, the skin, the kidneys, and every other emanatory, were successively put in requisition, for the purpose of eliminating from the system its supposed corrupt and noxious juices. These refinements in the work of discharging offensive matters hurtfully diverted the attention from accomplishing the object in the only effectual way in which it could be done,—namely, by the bowels; and led to a vague, deceptious, and inefficient, treatment of disease. Had the practice been more concentered on the first passages, the beneficial effects of the Hamiltonean practice would have been perceived; and, whatever explanation may have been attached to the curative influence of such treatment, the real advantages would have sanctioned and established the practice. Authorized and illustrated as it is at present, it perhaps deserves to be regarded, under suitable limitation, to be the most safe, the most efficient, and the most salutary, mode of treatment that could be adapted for the diseases to which it is applicable.

Taunton; October 18th, 1819.

FOR THE LONDON MEDICAL AND PHYSICAL JOURNAL.

Case of Tetanus cured by Opium. By E. Sutliffe, Esq.

MUCH has of late been said and written concerning the spinal marrow being implicated in tetanic affections, and very probably with perfect truth, especially when opisthotonos has closed the scene. I well remember a case in Guy's Hospital, under the care of Dr. William Sanders, in 1790 or 91, where this terrific stage of tetanus preceded death; and Dr. S. remarked that, at any future period, under similar circumstances, he should prescribe a bath of solution of opium. Such a decision has never been obliterated from my mind.

Not long since, Mrs. I. of Bartholomew-close, was attacked

with spasmodic convulsions about the præcordia, so as to threaten suffocation, ushered in by a severe rigor. After a little enquiry, the symptoms appeared to have their origin from an injured toe, whence the lymphatics were inflamed to the inguen.

Feeling persuaded that the cause was fully ascertained, I commenced with two drachms of tincture of opium, as soon as an interval would admit, and ordered it to be repeated at the expiration of fifteen or twenty minutes. However, the beneficial effects were so obviously decided, that a few hours elapsed before it was repeated, which was then necessary, from a return of the paroxysms; which were however much less violent. I considered the danger not over until the fifth day, from which period the tincture of opium was wholly discontinued. About three ounces were swallowed on this occasion.

Queen-street; October 5th, 1819.

P.S.—I presume that Dr. Farre will recognize the case to which I have in a prefatory way referred; to whose friendly assiduity and medical skill, in my own person, recently experienced, I am happy to bear a most grateful testimony.

FOR THE LONDON MEDICAL AND PHYSICAL JOURNAL.

Observations and Reflections on the Disease produced by the Action of the Canine Virus on the Human Body. By JAMES MEASE, M.D. Philadelphia.

[*Concluded from p.* 378.]

IN preference to caustics, I have always advised the plan first suggested by Dr. HAYGARTH, of Chester, England, viz. the long-continued stream of water on the wound, from the mouth of a tea-kettle: a powerful argument in favour of which remedy is, that, as the poison exists in a watery form, we should expect that water would be its most proper solvent. I have also advised keeping the wound open for some time after, as an additional security. If the wound be small, it ought to be dilated. Here again, however, I think proper to repeat the most judicious advice of Mr. Gilman, which is, "if the knife should enter the wound made by the dog's teeth, to re-commence the operation with a clean knife; for, if we continue to use the knife which is contaminated in consequence of its entering the wounded parts, the operation may be rendered useless, by the sound parts becoming inoculated with the canine virus."—*Gilman on the Bite of a Rabid Animal;* London, 1812.

An inattention to this excellent advice explains the cause of the failure of attempts to extirpate the bitten parts, which sometimes occur.

5. They add to many facts on record, to prove that the interval between the insertion of the virus and the attack of the

disease, is not in the least influenced by the distance of the wound from the throat, as formerly and very generally supposed.

6. They show that my objections to the name hydrophobia, or "dread of water," are well-founded.* The symptom in any disease which entitles it to give name thereto, ought always to be present. Now, I have shown that the dread of water, even when it does occur, is only symptomatic of the difficulty of swallowing; and the cases in Richmond, that of the boy Yorke, and many more, prove that there is no instinctive dread of water, and that the symptom is often absent. Some of the patients eagerly desired it to quench their thirst, tried to drink it, and even sometimes succeeded in the attempt. The negro Burwell agreed to take wine a few minutes before he expired, desired them to "be quick, for he was dying:" and he did die shortly after.

The strangury that followed the use of the number of, and extensive, blisters, in the case of the negro Burwell, have destroyed my hopes respecting the good effects which I some years since was led to believe would result from the occurrence of that affection in the disease under consideration. I was induced to think highly of the means to produce that symptom, from its having effected immediate relief in a case of tetanus under the care of Dr. Samuel Brown, of Kentucky; and, from the strong analogy between tetanus and hydrophobia, the influence of that great principle in medicine,—that one irritation often subdues another, the salutary influence of strangury in other diseases,† and the successful use of cantharides for the cure of this disease in Europe,‡ I urged the trial of them therein. I was surely safe in doing so; for, the disease having never been at that time cured by any remedy or any practice, I considered the way open for any new remedy. But I do not think it worthy of confidence now, after its failure to alleviate the symptoms in Burwell's case.

8. The application of caustics, as recommended by Dr. Richard Pearson, of London,§ was vigorously tried by Dr. Trenk, in the treatment of Burwell, without the least good effect, and therefore ought not again to be used. They are painful in the extreme; and, by trusting to them, we may lose time that might be employed with greater chance of success.

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* The reader will perceive that I still adhere to the opinion of the impropriety of the name *hydrophobia*, notwithstanding the criticisms on my objections to it by Dr. Ferriar, of Manchester. See his *Med. Histories* and *Reflections*.

† Rush's Works, vol. iv. p. 35.

‡ *Diss. de Hydroph.* auct. G. Uiberlacher, of Vienna; C. T. Schwarts *de Hydroph.* Halle, 1813.

§ *Arguments in favour of an Inflam. Diath. in Hydrop. considered*; London, 1798. See also *Med. Rep. N. York*, v. p. 78.

9. The cases in Richmond will for ever, I hope, destroy all confidence in that most shameful imposition the snake-stone, which, with regret I say, the people of Virginia have long been the dupes. If they trust to it hereafter, they will trifle with human life. Why should the public authorities, whose duty it is to remove every evil threatening the safety, health, or lives, of the citizens, permit the chance to be continued of any life being lost, by allowing the possibility of access to so ridiculous a remedy. Grand-juries have more than once presented existing nuisances, and complained of evils likely to injure the public health, of far less importance than that to which I allude. I first heard of the snake-stone by seeing a proposition in the *Richmond Inquirer*, in the autumn of 1805, or beginning of 1806, from J. R. Micou, the proprietor, to sell it for two thousand dollars; the stone to be deposited in Tappahannock, as a central spot, for the use of the subscribing counties; and was so fully convinced that the subscribers to the fund would not only throw away their money, but risk their lives, by trusting to a remedy which had neither well-grounded theory, sure experience, nor common reason, to recommend it, that I felt it my duty to express my disbelief of the virtues attributed to it, and to point out the causes that led to the ill-founded reputation of the stone in question, and to other nostrums with which the world has at various times been duped.* My advice, however, I believe, was not taken. At all events, the reputation of the stone continued undiminished; and my denunciation of it even called forth a writer, who warmly defended its preservative powers against the canine venom. I presume, however, from its twice having recently failed to prevent the disease, although applied under circumstances very favourable to the success of its virtues, (if it is possessed of any,) that his faith, and that of every other person, must be done away with respect to it; and that no one will be so fool-hardy as to trust to it, in the event of the occurrence, in future, of any venomous bite.

The notion of the preservative power of the snake-stone, originated in a district of country (Southern Asia) notorious for the prevalence of superstition of every kind, the deplorable depression of the human mind, and prevalence of jugglers and

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* My letter was published in the *Richmond Enquirer*, in April 1806, and republished in Philadelphia, shortly after, in Poulson's paper. I ascribed the deception that takes place in the case of the use of preventives, and the unfounded reputation they enjoy, to the following cases:

1. The absence of madness in the dog that gave the bite.
2. The part bitten being covered. In this case the poisonous saliva is wiped off, and the clear tooth only enters the flesh.
3. The inaptitude of the body to take the disease: the average being not more than one in twenty of persons bitten by dogs actually mad, who are attacked.
4. The careful concealment of many failures of the remedy, and the careful publication of cases of supposed success of prevention.

impostors in religion, in medicine, and the common affairs of life; and it is wonderful how the stone ever obtained the least credit in the United States, the people of which are certainly more free from the influence of superstition, and less liable to be imposed on by pretenders, than those of most countries. Credit, however, it did obtain; no doubt from its having been applied to bites, in which any stone would have answered equally as well as the snake-stone, without any disease following; and the consequence has been the probable sacrifice of two lives! The experience of its inutility has indeed been dearly bought; but the high price of the purchase, as in every transaction of human life, will cause a greater value to be set upon the possession of it.

The remark I make with respect to the unfounded reputation of the snake-stone, in the prevention of the operation of the canine virus on the human system, will apply to all other preventive remedies, with which Europe, Asia, and America, have long abounded.

From Asia we have, first, the tonquin remedy, composed of musk and cinnabar; secondly, the snake-stone. In England, the Ormskirk nostrum, the basis of which was chalk and elecampane root; and, second, the ash-coloured liverwort and black pepper, long held their ground: this last was highly praised by Dr. Mead, the medical oracle of his day; and, upon his authority, it was introduced into the British Dispensatories. In Germany, filings of copper were much celebrated; so also was the *anagallis arvensis*, red pimpernel or chickweed, which was even protected from destruction by law in Switzerland and other governments. In the United States preventive remedies have also multiplied. In Pennsylvania, we have had the anagallis; and Mr. Stoy, of Dauphin county, and Mr. Kettering, of Lancaster county, have been long celebrated for their "uniform success" with it. It failed, however, in two cases that we know of, in which it had a fair trial as a preventive: one to which I allude is that of the late Mr. Huber, of Lancaster.* But Dr. Stoy's widow still keeps up the farce of advertising her nostrum,

* See Barton's *Med. and Physical Journal*, vol. ii. p. 125. Dr. Muhlenberg informed me of another case in which it had failed. It also failed in Philadelphia in 1802: see *Med. Repos. N. York*, Hexade 2d, vol. i. p. 105. These three cases are enough to fix its character.

This is the third time I have come forward to deny the virtues of the snake-stone. The second time was in the *Medical Museum* of Philadelphia, vol. v. p. 1; in answer to a publication by the Rev. Wm. H. Harding, in the *Med. Repos.* of New-York, Hexade 2d, vol. v. p. 248, greatly extolling a stone in the possession of the Rev. Lewis Chaustien, of Frederick county, Virginia, which he called the *Chinese* snake-stone. M. C. asserted, that he *had cured about eighty persons in less than two years, some of whom had the hydrophobia on them at the time of application!!* Thus, then, it appears that there are more snake-stones than one in Virginia. I have also one, which was brought from Calcutta a few years since. Others are in the possession of different persons in the United States.

which the late Rev. Dr. Muhlenberg, of Lancaster, the celebrated botanist, who reposed great confidence in it, assured me was composed chiefly of the anagallis.

In New-York we have had the famous remedy of J. M. Crous, for which the legislature gave him a large sum, and which was composed of the powder of a dog's jawbone burnt, the powder of the false tongue of a newly-foaled calf, and verdigris off a copper of George II.* 2. The plant called the scull-cap, or *scutellaria lateriflora*, on the preservative powers of which many still place the most implicit confidence.

Lately, the *alisma plantago*, marsh or water plaintain comes recommended to us, upon the authority of a Russian peasant, who is said to have long employed it with success, and on that of a Russian counsellor of state, who has written a memoir on the subject. Considering the anagallis as out of the question, I would observe, with respect to the two last, that upon neither of them would I rely, to the exclusion of the local treatment I recommend; as they are all liable to the same objections I have urged against the supposed infallibility of preventives in general.†

FOR THE LONDON MEDICAL AND PHYSICAL JOURNAL.

Some Observations respecting the Formation of Stones in the Bladder.

By John P. Baldy, Esq. Surgeon to the Storehouse Dispensary, Plymouth-Dock.

I FEEL some degree of reluctance in wishing to fill even a page of your Journal with a subject so well understood as that of the formation of stones in the bladder; but, when cases of calculi present any unusual or very remarkable circumstances, they certainly merit being recorded.

The case which I transmit to you for insertion in your Journal, has nothing in it to arrest attention, except that the nucleus on which the calculous concretions had formed themselves was a common pin, of a large kind, being full an inch and a quarter in length, and with a proportioned head. The patient, whose name is James Mountjoy, a mason by trade, had no consciousness of having at any time swallowed a pin, or that one had entered into any part of his body. He was a young man of about nineteen years of age, and healthy, excepting in this instance of disease. He had laboured under symptoms of stone in the bladder, attended with a constant diarrhœa, about twelve months before he applied to me. From his history of the disease I had but little doubt of the formation of calculus; and, on examination with the sound, I found my opinion con-

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* I have given the prescription at length in *Cox's Med. Museum*, vol. v.

† *American Medical Recorder*, vol. ii.

firmed. The patient underwent the operation very well; it was not attended with any unfavourable occurrence: and, in three weeks, he returned to his labour in perfect health.

Plymouth-Dock; 1st October, 1819.

FOR THE LONDON MEDICAL AND PHYSICAL JOURNAL.

The Application of the Cupping-glass recommended to expedite the Discharge of Matter from Abscesses of the scrofulous kind. By FRANCIS BUSH, Esq. Member of the Royal College of Surgeons.

ABSCESSES of the subacute or scrofulous kind are generally indolent and tedious in their progress, but little under the control of constitutional means or the usual topical applications; and it often happens that the patient suffers a very protracted illness before the discharge of the matter takes place; and, where it is deep-seated, it frequently runs along the course of the contiguous muscles, producing extensive lesion and constitutional mischief. In the management of this disease I have been induced to adopt a plan to solicit the early discharge of the matter, which has been attended with a success beyond my most sanguine expectations. As I have nothing new to offer on inflammation, I shall not remark on the early treatment of abscess; but shall take up the subject where it is quite clear that matter is formed, and requires to be discharged.

One very striking advantage to be derived from the application of the measure I suggest, is, that you effect the discharge at the most depending part of the abscess. I shall subjoin two cases to illustrate my plan, which I am confident is capable of doing much service, if judiciously applied.

CASE I.—Mr. D. aged 24 years, was, after violent exercise, in the heat of July 1818, attacked with shivering, succeeded by deep-seated pain in the lumbar region. Leeches, general bleeding, and the usual methods of subduing local inflammation, were tried, without success. Matter formed; and it was invited to the surface by poultices of various kinds for some weeks, to but little purpose. In this state of the case, I thought, by taking off the atmospheric pressure from the most depending part of the tumor, I might produce some excitement in the parts, and effect an early discharge: for that purpose I applied a very small cupping-glass, and allowed it to remain on for an hour; it produced a little pain only. It was repeated in the evening; and for four successive days it was continued in a similar way. The removal of the glass was succeeded by a warm poultice. By these means, in five days, I effected a discharge from the most convenient part of the abscess, which might not have been produced, under the ordinary means of treatment, in as many weeks.

CASE II.—A young friend of mine was attacked with inflammation in the groin, which went on to suppuration: it was not attended with pain, and, after several weeks, there was no prospect of an opening being effected by the powers of nature. He was adverse to its being opened by the lancet; and, indeed, the indurated state of the parts rendered it improper in this stage of the case: a small cupping-glass was therefore applied daily for three or four days, and the parts covered with a poultice after its removal. The discharge of the matter was thus effected; and the parts healed in a very short time.

I considered both these cases as scrofulous. In phlegmonous abscesses the rapid progress of the disease renders this plan unnecessary, and the high irritability of the parts would make its application improper.

Frome; October 1st, 1819.

FOR THE LONDON MEDICAL AND PHYSICAL JOURNAL.

Considerations on the State of Medicine in France, from the Time of the Revolution to the present Period. By J. B. REGNAULT, M.D. Consulting Physician to the King, &c. &c.

[*Concluded from page* 368.]

THE inclination to method and classification that the taste for natural history had rendered prevalent, and which followed so naturally from the labours of the philosophers of the eighteenth century, excited a desire for a classification of diseases more regular than those of SAUVAGES and CULLEN: this has been realized by the publication of a work* regarded with enthusiasm on its appearance, afterwards considered as a medical code almost sacred, but at length attacked with violence even by those who were originally disciples of the author. This work has all the faults, with all the advantages, attached to a work of this kind; but it is incomparably better than all those of the same species which had been published since the first essay of PLATER. We cannot here avoid expressing our regret at the manner with which some physicians have endeavoured to deprive an author, justly celebrated, of the reputation which he had acquired by his honourable labours, but which could not prevent his falling into some few errors.

Fevers, formerly distributed into many classes, have appeared, for some years past, to be at length reduced to fixed and determined species. Practitioners, however, but rarely find at the bedside of the patient those pictures of simple disease so well designed in books of nosography, where the authors appear to have forgotten the numerous complications which morbid affections acquire. The discredit into which the best and most

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* The *Nosographie Philosophique*, of M. PINEL.

recent writers on pyretology has begun to fall, proves that the hope ever to find one which may be free from censure was really vain.

To laborious efforts at classification have succeeded others, more fortunate, to demonstrate the uncertainty of all distinctions of fevers, solely founded on the consideration of their symptoms. The investigation of the seat of diseases, which the ancients always earnestly advised, and which physicians of all ages have pursued with ardour, but too often in an erroneous manner, has been recently adopted with particular care by some accurate observers.

Pathological anatomy has been enriched by the researches of several of the most distinguished of the disciples of the new school. Of these some are now dead ;* and the true friends of medical science deplore their loss ; some of those who have yet survived have merited, by their persevering efforts to extend the boundaries of medicine, to take their seat amongst their masters, and to the school in which they were formed they have given a new lustre.

We do mean to say, that, until the labours of Bayle and his contemporaries, physicians had neglected searching for the seat of diseases; but we must acknowledge, that in fevers this enquiry had been neglected, or made with but little perseverance, and even with some degree of prejudice.

The history of the phlegmasiæ, on the contrary, was soon modified by the determined progress of pathological anatomy : though the distinction of the tissues, which the imagination alone can isolate, was too much insisted on, still inflammation affecting analogous organs were at least arranged together, and the exposition of their symptoms thus rendered more lucid, at the same time that their diagnosis was much facilitated.

Although we possess several good treatises on Hæmorrhages, these are perhaps the affections the history of which has been the least perfected during the last thirty years. Hitherto we have too much neglected to consider the relations between hæmorrhages, properly speaking, and sanguineous effusions into the tissue, or in the cavities, of organs not having a natural issue. This subject offers a vast scene for new researches to observers, which would not fail to furnish much useful knowledge, if we may judge from those of the same kind which have been already made.

The general history of nervous diseases has hardly been much advanced of late years: that of apoplexy is more complete in an anatomical respect, though the diagnosis of it has not been much improved. But there is one class of the neuroses, the

* Bayle, Marandel, Le Gallois, &c.

theory and treatment of which has received the most useful modifications. A Frenchman* has first carried the light of philosophy and the deep views of a superior mind into the history, previously hardly even sketched, of mental alienations. The plan of his treatise, become a classic work throughout all Europe, is marked in the records of our art amongst the immortal writings of great and original observers of all ages.

Some organic diseases have been studied with more care, with respect to the alterations they occasion in the tissues of the animal economy. The important works published on the diseases of the liver, the pleura, the stomach, the intestines, and the peritoneum, are well known. These different productions assure to the authors† the glory of having contributed to the progress of the healing art. The history of the diseases of the heart and the large blood-vessels, has been enriched by the researches of the able successor of Desbois of Rochefort,‡ in his clinical instruction.

An excellent treatise on the diseases of the skin,§ remarkable by descriptions as correct as they are animated, and by the manner of the author's style, has not however made us forget, although it has worthily replaced, the work of Lorry.

The knowledge of the signs of diseases, the object of constant solicitude to the ancients, has hardly been improved by the moderns, in all that relates to prognosis. Some enlightened practitioners‖ have collected and applied to the pathology of the present period all that has been acquired on this subject; and they have added many remarks of their own, which show as much correctness of judgment as talent for accurate observation.

Surgery has been enriched by several new operatory proceedings: the diseases which come within its domain have been better studied, and the curative methods have been directed by the precepts of physiology. Many treatises¶ on this branch of the healing art have appeared; and each of them merits the reputation it has obtained for the author.

Botany has received a new direction by the distribution of plants into natural families. This ingenious method, which collates the vegetables, the action of which on the animal economy is nearly similar, must be more agreeable to physicians, because it would place botany in harmony with therapeutics, if it did not also in some instances unite plants, of which the medical qualities are totally different from each other; and of which some are even more deleterious than useful. We must depend on time, and the labours of our indefatigable phytolo-

* M. Pinel.
† Bayle, Portal, Baumes, Broussais, and Laennec.
‡ M. Corvisart. § Of M. Alibert. ‖ MM. Double and Landré Beauvais.
¶ By MM. Boyer, Delpech, and Richerand.

gists, for the perfectionment of this system, so seducing in theory.

The discoveries in chemistry during the last thirty years have been almost infinite; and it every day makes a new progress, to be followed by yet new ones. Will medicine derive from it any advantage? We may doubt of it, when we consider that the knowledge of affinities has not elucidated in any way the mechanism of the vital functions, nor thrown any light on the diagnosis and the causes of diseases.

An author,* very recently, well known by his superior talents, has shown the slight foundation of the chemical explanations proposed respecting the vital phenomena.

Chemistry has taught us to understand better the qualities of the simple and compounded minerals, the immediate principles of vegetables employed as medicines; it has traced laws that are certain, for the mixture of different substances without their decomposition: yet, we must say, the art of prescribing proper formulæ becomes daily less familiar to the pupils of our faculties.

Medical jurisprudence has been cultivated in France with more care than formerly: the example of the Germans has not been lost to us. Men of eminent merit† have made it the especial object of their researches. There is one point in this science in which the French have shown themselves even superior to the Germans: this is toxicology. The action of poisonous substances on the human body has been studied according to the principles of physiology. Experiments have been made on animals: the progress of chemistry has furnished certain means for the detection of poisonous substances in the tissues of our organs, or in the fluids administered by criminal hands.

It has here been made apparent, that French physicians, before the Revolution, confined themselves, generally, to the methodic use of the curative measures of which experience had demonstrated the efficacy. This course, the only good one, the only one that is advantageous, has been viciously modified by the introduction of the system of Brown into France; although this assertion, which had been already made by one of our most distinguished physicians, has been protested against: but it is a truth so completely demonstrated, in the opinion of all judicious men, that it will soon become of but trifling importance.

The Scotch reformer, in reducing the whole pathological list to two series, held out, to those physicians who were seduced by the simplicity of such an arrangement, the attractive hope of imparting the same simplicity to therapeutics: there

* M. Coütanceau.

† Beloc, Mahon, Chaussier, Foderé, Orfila, &c.

were very nearly being only two diseases and two remedies. They went further: they persisted in seeing, in almost all cases, no other affection than a want of energy. Bleeding was proscribed. Every experienced physician who hazarded the prescription of it, was designated by the public as an imprudent practitioner, imbued with superannuated errors. They went so far as to assert, that this operation was but rarely proper in inflammations of the chest: cerebral congestions even were treated with cordials.

It would be wrong to conclude, from what we have just said, that medicine presents a fearful versatility, and that the reveries of a rash innovator are sufficient to make physicians abandon the paths of experience, and lead the most grave and sedate of them into the mazes of error.

When Brown attacked the bases of a science founded on the observations of twenty ages, he, without doubt, drew to his side many minds more ardent than well-disciplined, more brilliant than profound, which had not been enlightened by experience: but his ambitious efforts, and the language of his adepts, could effect nothing on the minds of the greater number of physicians, who had acquired from the ancient school a salutary defiance for all that bears the character of novelty, for all that is totally different from what the experience of ages has proved to be good and useful, and for all that has exclusive pretensions. The voices of these prudent practitioners were certainly often stifled; but, we frankly assert, one man has presented himself who has ventured to take on himself the cause of their antagonists.* His glory would have been without blemish, if he had not in some measure sullied so fine a cause, by some instances of want of propriety in the manner in which he proceeded in it: this, time will at length dispel. This intelligent physician has shown, in the most forcible manner, the importance of investigating the seat of diseases, the utility of antiphlogistic measures in a great number of cases where they were proscribed by views purely speculative: he has made it appear that, in fevers, inflammation plays a great part; and that it is necessary to attend to this in the choice of the curative measures: he has shown the way in which many species of chronic inflammation manifest themselves, and the modifications required in the treatment of diseases, by the nature of the tissue in which they are seated. Such are his incontestible titles to celebrity; but nothing can authorize us to see, in almost all cases, merely irritation, and the necessity of abstracting a large quantity of blood. We think that every exclusive notion, every method too much generalized, presents something incompatible

* M. Broussais.

with truth; and, if we have blamed Brown for having seen only debility, we should also blame those who see every-where nothing but exaltation of vital action. However, this is less addressed to the intelligent physician to whom I have alluded, than to many of his disciples, whose indiscreet zeal requires to be moderated, that it may be retained within the boundaries of utility and truth.

The most important of the modifications introduced into medicine during the last thirty years, is the new mode of instruction. We do not think, however, that it is now as good as it might become; but it cannot be denied, that it is infinitely superior to that in use before the Revolution. At that period, as we have already shown, good physicians formed themselves, or at least with the aid of some few men influenced by the aid of their own genius, not by the power of public instruction. Now, all pupils receive solid instruction, which places them in the true route of observation and experience.

Natural history, chemistry, botany, and zoology, are at the present time taught with the greatest *eclat* by some men of science,* whose labours have contributed to the glory of our nation.

Numerous courses of anatomy much facilitate the study of this science. Every pupil investigates with the scalpel the structure of the different organs; he examines them himself, isolates them from others, and thus impresses on his memory the picture of their formation.

Physiology may enumerate several professors† who have contributed much to the improvement of this science, and many young physicians‡ who, in their private courses of Lectures, announce a maturity of talent at an early age of life.

Hygiene, formerly so neglected, at least at Paris, has lately been taught in a brilliant manner by a professor,§ justly celebrated, whose silence in other respects now excites so much regret, since his work, so long expected with eagerness, has not yet appeared.

Clinical courses on medicine and surgery draw after the steps of experienced and judicious practitioners‖ a crowd of pupils. The impulse given by Desbois of Rochefort, and Desault, is still felt, because it has been favoured and kept up by the zeal and great talents of their successors. However, the teaching of practical medicine is not yet what it should be; and it is in this point especially, that our institutions should hope to be perfected in a manner so ardently desired by all men of judgment.

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* Biot, Gay-Lussac, Thenard, Richard, De Jussieu, Des Fontaines, and Blainville.

† Chaussier, Richerand, Beclard, &c.

‡ Adelon, Rullier, and Richeraud.

§ Hallé.

‖ Petit, Recamier, Leroux, Fouquier, Broussais, Boyer, Dubois, Dupuytren, &c.

Why should one of the most interesting parts of medical science be still so neglected. The natural history of medicine is very well known; but whilst the operatory measures, the cases in which they should be resorted to and where they should be abstained from, and the different other surgical means, are exposed with so much sagacity by the most eminent surgeons of the ancient and new school of Paris, a course, in which the true principles of medical therapeutics, developed with that superiority of views that marks an enlightened practitioner, yet remains to be desired. This blank in instruction depends, in a great degree, on the extent to which scepticism in this respect has been carried. The new works we have on the materia medica, and therapeutics, seem intended to destroy our confidence in the agency of medical substances, rather than to show those which should be resorted to, and the rules for their administration.

It would be wrong, to make our knowledge in this respect consist in all the trash which authors have proposed; but, without adding in a ridiculous manner recipe to recipe, and without attributing to remedies all the properties which have been pompously given to them by credulous and enthusiastic writers, could we not, in the present day, collect a complete body of doctrine of all that observation and close induction has taught respecting the medicinal qualities of the agents of which the description constitutes the materia medica, and on the art of applying them to the human body, according to the indications and the rules of therapeutics.

For many years the study of the diagnosis of disease has absorbed the general attention: men have occupied themselves with much care in acquiring a knowledge of the name which may be given to them, and have too much neglected the principles on which reposes the knowledge that teaches how they may be cured. These principles are well known by the practitioners who transmit them to their pupils in their lectures, and by their example; but a regular system of instruction is yet wanting on this the most important part of medicine, since it is this which properly constitutes the knowledge of the physician, and which is the summary of all the branches of medical science, which in a manner only serve as introductions to it. When we shall have nothing to desire in this respect, at least as far as human knowledge will permit, then alone shall we arrive at a new epoch in the history of medicine. This epoch will be characterized by the happy alliance of practice with theory. Every thing, however, seems to indicate that the moment is arriving, when this salutary object, laboured for during so long a series of years, will be effected.

Paris; June, 1819.

COLLECTANEA MEDICA.

*Observations on some Points relating to the Physiology and Pathology of the Ear.**

WHEN the ears are stopped, and a watch is brought in contact with any part of the head, face, teeth, or neck; or if a stick, water, &c. be interposed between any of these parts and the watch, the sound will be heard as well as when the ears are open.

It has been supposed, that the sound is mechanically conveyed through the flesh and bone in the same way it is through a macerated bone, piece of wood, &c.; but, if it were so, it must be heard always, when the auditory nerve is perfect, at whatever part of the head, face, &c. the watch is applied: but this is not the case. Where the hearing through the meatus externus has been perfect, and where there has been no apparent alteration in the structure of the head, face, &c. I have seen many who could hear from only one of these parts, and several who could not hear from any of them.

If I stop my ears, and rest my chin on the petrous portion of the temporal bone in a macerated skull, and place my watch in contact with any part of the skull, I can hear the sound perfectly. I saw a boy who was born deaf and dumb, but had been taught to speak; and, when a watch touched the left side of his face, he could hear it; but, when it touched any part of the right side, he could not in the least.

A man who was recovering from an illness had become so deaf of the left ear, that he could just hear my watch when put very near it: he heard perfectly of the right ear. I desired he would stop his ears until he could not hear my watch when put nearly in contact with them: I then let it touch the left side of the face, &c.; he just heard it; but when I let it touch the right side, he heard it distinctly.

If sound is conveyed mechanically through the flesh and bone, what, in these two cases, should hinder it from being heard distinctly when the watch touched either side of the face, any more than in the macerated skull?

If sound is not conveyed mechanically through the head, face, &c. it must be through some other medium; and that I believe to be the porta dura of the seventh pair of nerves, and some other nerves connected with it.

On dissecting the seventh pair of nerves in man, I find, at the bottom of the meatus auditorius internus, a communication between the portio mollis and portio dura.

In the sheep I have observed the same communication.

In fishes, several nerves that have a communication with the auditory nerve, are spread on the skin over the whole head.

If we consider how the portio dura is connected by nervous substance with the portio mollis, its extraordinary course, its receiving the branch of the vidian nerve and the chorda tympani; and, when it has got out of the foramen stylo-mastoideum, its great expansion, I think we may conclude, that it was made to serve some greater purpose than has hitherto been ascribed to it.

* By Mr. SWAN, Surgeon of Lincoln Hospital. Extracted from the ninth volume of the *Medico-Chirurgical Transactions*.

That this provision of nature has been useful to deaf people, the following case, which may be found in HALLER's *Prælectiones Academicæ*, will prove: "Musicus fuit in aulâ, ex morbo factus surdaster, prehendebat vestibulum mordicus, et tum omnino chelyn ex arte, pulsabat."

That it might be useful to many, could proper instruments be made to increase the effect of sound, and especially to those who are deaf and dumb, if properly persevered in, is, I think, probable; but it must be remembered that, where the disease is in the nerve, no good can be derived from it, which may be ascertained after a few trials, by the expression of the child, if a sounding body is applied to the head, face, neck, or teeth: and that many deaf and dumb can hear in this way, I am myself, from experiment, well convinced.

If, from what has been said, it should appear probable, that sound is conveyed by the portio dura to the portio mollis in man, it will, I think, be reasonable to conclude, that the nerves, which are spread on the soft parts of the heads of fishes, answer in a great measure the same purpose the tympanum does in man; and, though in man this provision is not necessary when the tympanum is perfect, yet, when that is imperfect, it becomes the means of conveying sound to the portio mollis, and thus answers one of the most important purposes in the animal economy.

An Alphabetical List of the Plants and other Articles of the Materia Medica mentioned in the Works of HIPPOCRATES, *with the Latin Version of* FÖES, *and the Synonyms of* LINNÆUS. [Extracted from a Memoir by Dr. PAULET.]

[*Concluded from page* 389.]

Κριθη et κριθος; hordeum; hordeum vulgare.
Κριθμον; *voyez* κρεθμον.
Κριθος αχιλλοιδες; hordeum achilleum; hordeum hexasticum *ou* H. jubatum.
Κροκος; crocus; crocus sativus.
Κρομμιον, κρομυον; cepa; allium cepa.
Κροτον; ricinus; ricinus communis.
Κροτονειδας; ricinus; *idem*.
Κυαμος; faba; *fruit des* vicia faba, vicia serratifolia.
Κυαμος αιγυπτιος; faba ægyptia; *fruit du* nymphæa nelumbo.
Κυαμος ελλενικος; faba græca; *fruit du* celtis australis?
Κυκλαμινον; cyclamen; cyclamen europæum *ou* C. aleppense.
Κυδονια μελα; cydonia mala; *fruits du* pyrus cydonia.
Κυμινον; cumimum; cuminum cymimum.
Κυμινον αιθιοπικον βασιλικον; cuminum æthiopicum; cuminum cymimum? pimpinella anisum. *Variet.*
Κυνορροδον; rosa canina; rosa canina.
Κυνος βατος; rubus caninus; rubus cyaneus.
Κυπαρισσος; cupressus, cyparissus; cupressus sempervirens.
Κυπερος; cyperus; cyperus esculentus.
Κυτισος; cytisus; medicago arborea.
Λαγοπυρος; lagopyrus; trifolium arvense? gnaphalium dioïcum?
Λαδανον; ladanum; *gomme résine du* cistus cretica.
Λακαφθος; o; *ecorce du* laurus cinnamomum.
Λαπαθον; rumex; rumex patientia.
Λαπαθον αγριον; rumex agrestis; idem.
Λεπιδιον; lepidium; lepidium latifolium.

Λευκοιον; viola alba; hesperis matronalis.
Λευκοιον μελαν; viola nigra; idem, *variété rouge.*
Λιβανωτος; thus; *encens.*
Λιδιον; o; *écorce de grenade.*
Λινον; linum; linum usitatissimum.
Λινοζωστις; mercurialis; mercurialis annua.
Λωτος; lotus; rhamnus ziziphus, trigonella corniculata.
Λυγος; vitex; vitex agnus castus.
Μαλαχη; malva; malva rotundifolia.
Μαλαχη αγρια; malva sylvestris; malva sylvestris.
Μανδραγορας; mandragoras; atropa frutescens? atropa mandragora? actæa spicata.
Μαννα; pollen, manna thuris; o.
Μαννωδες; o; idem.
Μαραθρον; fœniculum; anethum fœniculum.
Μηκων; papaver, peplum; papaver somniferum.
Μηκωνιον; peplus, peplum, meconium; euphorbia peplus; *opium ou suc du* papaver somniferum.
Μηλα; mala; *fruits du* pyrus malus.
Μηλα αγρια; mala sylvestria; *fruits du* pyrus malus *à l'état sauvage.*
Μελανθιον; melanthium; nigella arvensis.
Μελανθιον κυπριον; o; nigella damascæna.
Μελια; fraxinus; fraxinus excelsior.
Μελικεδρινον; mel cedrinum; *suc mielleux du* pinus cedrus.
Μελιλωτος; sertula campana, melilotus; trifolium melilotus.
Μηλον; *voyez* μηλα.
Μεσπιλον et μεσπιλος; mespilus; mespilus germanica.
Μινθη; mentha; thymus mastichina, tanacetum balsamita, balsamita suaveolens.
Μινθη χλωρα; o; mentha viridis.
Μωλον, μωλος; o; bryonia alba.
Μορα; mora; *fruits du* morus nigra?
Μορα βατων; *fruits du* rubus fructicosa.
Μυκητες; fungi; boletus igniarius; *et autres champignons.*
Μυρικη; myrica; tamarix orientalis.
Μυρρινη αγρια; myrtus agrestis; ruscus aculeatus.
Μυρσινη; myrtus; myrtus communis.
Μυρτιδανον; myrtidanum; *excroissance du* myrtus communis.
Μυρτος; myrtus, myrtillus; myrtus communis.
Μυρτος μελανος; myrtus nigra; vaccinium myrtillus.
Ναπυ; *voyez* σιναπι.
Ναρκισσος; narcissus; narcissus poëticus.
Ναρδον ou ναρδος; nardus; valeriana nardus.
Ναρθηξ; ferula; ferula communis.
Ξανθιον; xanthium; xanthium spinosum?
Οχρος; ervilia; pisum ochrus.
Οκιμον; ocimum; amaranthus oleraceus, ocimum gratissimum.
Οινανθη; œnanthe; saxifraga cotyledon.
Οινανθη αμπελικη; œnanthe vitium; vitis sylvestris, Tournefort.
Ολεια; olea; olea europæa.
Ολυνθος; grossus; *fruit du* ficus carica.
Ολοκονιτις; o; bunium bulbocastanum?
Ομφαλαξ λευκη; uva acerba alba; *verjus* ou *fruits verts du* vitis vinifera.
Ονοβρυχιον; o; saxifraga cotyledon.
Οφις; serpens; thymus serpillum?
Οποβαλσαμον; opobalsamum; *baume de l'*amyris opobalsamum.
Οριγανον; origanum; origanum heracleoticum.
Οριγανον κεφαλωδες; origanum capitatum; origanum vulgare.

Ορμινον; horminum; salvia sclarea.
Οροβος; orobus, ervum; orobus albus, O. canescens.
Ουα; sorba; sorba, *fruits du* sorbus domestica.
Πανακη; panax, panacea; pastinaca opopanax.
Παρθηνιον; parthenium; matricaria parthemium; anthemis cotula, anthemis arvensis.
Πεγανον; ruta; ruta graveolens.
Πελεκινος; pelecinum; coronilla securidaca.
Πενταφυλλον λευκον; quinquefolium album; potentilla nitida.
Πενταφυλλον μελαν; quinquefolium nigrum; potentilla reptans.
Πεπερι; piper; *fruits du* piper nigrum.
Πεπλιον; peplium; euphorbia peplus.
Πεπλος; peplum; euphorbia peplis.
Περιστερεον; verbena, herba columbaris; verbena officinalis.
Περσεη; persea; laurus persea.
Πευκεδανον; peucedanum; peucedanum officinale.
Πισσος; pisum; lathyrus sativus.
Πιτυς; pinus; pinus sylvestris.
Ποιη; herba; potentilla argentina: tormentilla erecta.
Πολιον; polium; teucrium polium.
Πολυκαρπον; cratæogonon; polygonum aviculare.
Πολυποδιον; polypodium; polypodium vulgare.
Πολυκνεμον; polycnemum; tanacetum vulgare.
Πρασιον; marrubium; marrubium vulgare.
Πρασον; porrum; allium porrum.
Πρινος; ilex; quercus coccifera.
Προμαλον; promalum; prunus spinosa?
Πυρος; triticum; triticum æstivum?
Πυρος σελανιος; triticum setanium; triticum hybernum?
Πυρος τριμηναιος; triticum trimestre; triticum trimestre.
Πυξος; buxus; buxus sempervirens.
Ραμνος; rhamnus; lycium europæum.
Ραφανις; raphanus; raphanus sativus.
Ριζα; radix; *racines des* raphanus sativus: momordica elaterium.
Ριζα αιθιοπικα; radix æthiopica; *racine du* ferula assafœtida.
Ριζα λευκη; radix alba; *racine de l'*arum dracunculus.
Ριζα μελαινα; radix nigra; *racine de l'*helleborus orientalis?
Ροα ou ροια; malus punica, malum punicum; *arbre et fruit du* punica granatum.
Ροδον, ροδος; rosa damascæna *et* rosa centifolia.
Ρον, ροος; rhus, fluentum; rhus coriaria.
Ροια; *voyez* ροα.
Σαγαπηνον; sagapenum; *gomme résine* sagapenum.
Σανδαρακη; sandaracum; *résine du* juniperus oxycedrus.
Σαυριδιον; nasturtium; lepidium sativum.
Σκαμμονια, σκαμμονιη; scammonia; *gomme résine du* convolvulus scammonia.
Σχεδιας μικρα; anchusa parva; anchusa angustifolia.
Σχεδιας μεγαλα; anchusa magna; anchusa officinalis.
Σχινος; lentiscus; pistacia lentiscus.
Σχοινος σχοινος ευοδες; juncus odoratus; andropogon schænanthus.
Σκιλλα; scilla; scilla maritima.
Σκολοπενδριον; scolopendrium; asplenium scolopendrium.
Σκοροδον; allium: allium sativum.
Σκυλλα; *voyez* σκιλλα.
Σελινον; apium; apium petroselinum.
Σελινον ελειον; apium palustre; apium graveolens.
Σεμιδαλις; similago; *fleur de farine de froment.*

Σεσαμοιδης : sesamoïdes ; isopyrum thalictroïdes *et* isopyrum aquilegioïdes.
Σεσαμον ; sesamum ; sesamum orientale.
Σεσελι ; seseli ; ligusticum peloponesiacum.
Σεσελι μασσιλιωτικον ; seseli massiliense ; seseli tortuosum.
Σικυα ; cucurbita ; cucurbita pepo.
Σικυος ; cucumis ; cucumis sativus.
Σικυος αγριος ; cucumis sylvestris ; momordica elaterium.
Σικυονη μακρη ; cucurbita longa ; cucurbita lagenaria.
Σιδιον ; malicorium ; *écorce de grenade.*
Σιλφιον ; laserpitium, laser ; *gomme résine du* ferula assafœtida.
Σιναπι ; sinapi ; sinapis nigra, S. orientalis.
Σιον, sium ; sisymbrium aquaticum? sium græcum ?
Σισυμβριον ; sisymbrium ; thymus vulgaris.
Σταφυλινος ; staphylinum ; daucus carota.
Σταφυσαγρια ; staphysagria ; delphinium staphysagria.
Σταφυς ; uva passa ; *fruits secs du* vitis vinifera.
Στελις, στελεχος ; stelis ; loranthus stelis.
Στοιβη ; stœbe ; poterium spinosum.
Στρουθιον ; struthium ; saponaria officinalis, S. vanaria, *ou* S. orientalis.
Στρυγις ; *voyez* τριγη.
Στρυχνος ; solanum ; solanum nigrum.
Στυβη : *voyez* στοιβη.
Στυραξ ; styrax ; *baume du* styrax officinalis.
Συκα ; ficus ; *fruits du* ficus caryca.
Συκαμινος ; morus arbor ; morus nigra.
Συκη ; ficus ; ficus caryca.
Τελεφιον ; telephium ; sedum telephium.
Τελις ou Θελις ; fœnum græcum ; trigonella fœnum græcum.
Τερμινθος ; terebinthus ; pistacia terebinthus.
Τευτλιον, τευτλον ; beta ; beta cicla, Murray.
Τευτλιον λιπαρον ; beta pinguis ; beta vulgaris.
Τιθυμαλλον, τιθυμαλος ; tithymalus ; euphorbia verrucosa, E. serrata.
Τιθυμαλλον μεγαλον ; tithymalus magnus ; euphorbia characias.
Τραγιον ; tragium ; hypericum hircinum.
Τριβολος θαλασσιος ; tribulus mari adjacens ; echinophorus spinosa.
Τριγη ; tragus ; hordeum zeocriton.
Τριφυλλον ; trifolium ; psoralea bituminosa.
Υοσκυαμος ; hyoscyamus ; hyosciamus niger.
Υπερικον ; hypericum ; hypericum perforatum.
Υποκιστις ; hypocistis ; cytinus hypocistis.
Υσσωπον ; hyssopus ; origanum smyrnium ?
Φακος ; lens, lenticula ; ervum lens.
Φακος εαδος ; lenticula odorata ; ervum ervilia.
Φεγος ; fagus ; quereus esculus.
Φιλιστιον ; aparine, philistion ; galium aparine ? xanthium strumosum ?
Φλομος ; verbascum ; phlomis laciniata.
Φοινεκικος κοκκος ; granum purpureum ; *gallinsecte du* quercus coccifera.
Φοινικοβαλανον ; palmula ; *fruit du* phœnix dactilifera.
Φραγμιτης ; arundo ; arundo phragmites.
Φυλλον λιβυκον ; folium libycum ; *semence du* ferula assa-fœtida.
Χαλβανον ; galbanum ; *suc du* bubon galbanum.
Χαμαιλεων ; chamæleon ; centaurea crocodilium, carthamus corymbosus.
Χαριεν ; o ; cyclamen alepense?
Χονδρος ; alica ; *farine du* triticum spelta.
Ψευδοδικταμνον ; pseudodictamnus ; marrubium pseudodictamnus.
Ψιλοθριον ; vitis sylvestris ; humulus lupulus.
Ψορα, ψορα αγριελαιης ; scabies, scabies ; scabies oleastri ; lichen caperatus, L. prunastri.

CRITICAL ANALYSIS

OF

RECENT PUBLICATIONS, IN THE DIFFERENT BRANCHES OF MEDICINE AND SURGERY.

"I would have men know, that, though I reprehend the easie passing over of the causes of things, "by ascribing them to secret and hidden vertues and properties; (for this hath arrested and laid "asleepe all true enquiry and indications;) yet I doe not understand but that, in the practical "part of knowledge, much will be left to experience and probation, whereunto indication cannot "so fully reach: and this not only in *specie*, but in *individuo*. Yet it was well said, *Vere scire* "*esse per causas scire*."—BACON.

Medico-Chirurgical Transactions, published by the Medical and Chirurgical Society of London. Vol. IX. Part II. Longman and Co. London. 1818.

THIS Part commences with some histories of *Cases of Fungus Hæmatodes, Cancer, and Tuberculated Sarcoma, with Observations*, by GEORGE LANGSTAFF, Esq. possessing the highest degree of interest; though we must acknowledge, that this has probably been rendered more apparent to us, from our having previously perused the work of Dr. BARON. We, however, regret that the arrangement made of the subjects engaging our attention had caused us to defer until the present time the perusal of the observations of Mr. Langstaff; for, had we been acquainted with them before the analysis of Dr. Baron's treatise was made, we should not only have illustrated it by the coincident observations and opinions here alluded to, but have also shown more disposition to the admission of his theory than we then evinced. Yet Mr. Langstaff had previously advanced similar observations, and a glimpse of similar theoretical views, in a paper published in the eighth volume of the present series of Transactions: but they were but little more than a blank to us, and, we must add, to the greater number of pathologists. This is a fact which forcibly shows how important it is that persons, pursuing any particular series of researches, should publish, with their observations, their theoretical views; for, without these, the importance of many facts must be lost to persons in general, who have not devoted much time to reflection on the same subject. Even hypotheses may not be devoid of utility on these occasions; for, though they suppose relations between phenomena that may not exist, they may point out others that are real; and this consideration should deter men from too prompt a disposition to censure them, even when erroneous, if produced with so laudable and legitimate a view, and if given with proper reserve.

In the observations here related, and in the opinions that

cancer, fungus hæmatodes, medullary and tuberculated sarcoma, have the same origin, Mr. Langstaff agrees with Dr. Baron; with this exception only, that the former pathologist has not traced those morbid states from the hydatid or simple cyst in so determinate a manner; nor has he apparently so far generalized his views. In order to show this, we shall first adduce his general conclusions, and then some of the most interesting of his particular observations and reflections. Mr. Langstaff says,

"In the history of the preceding cases, I have endeavoured to show that there exists a close resemblance in the morbid structure of fungus hæmatodes, pulpy or medullary sarcoma, tuberculated sarcoma, and carcinoma; or that those diseases may exist together in the same person, locally and constitutionally; or that fungous tumors may become cancerous, as, Sir Everard Home supposes, any kind of tumor may."

And Mr. Langstaff, in a note, makes a remark, that must not be disregarded in reflecting on the above:

"Scrofulous patients (Mr. L. says) likewise frequently die of tubercular phthisis, after having suffered amputation of an arm or a leg: they are also liable afterwards to attacks of struma in the joints; for I have, on dissection, in those subjects, found the bones forming the principal articulations much softer than natural, and a caseous deposition in the interstices of the cancelli."

From having observed fungus hæmatodes in every part of the body, that is, in every organ except the nerves, tendons, and cartilages, Mr. Langstaff is disposed, from its general distribution, to consider the cellular membrane as the seat of the disease; or, at least, that it is the part on which those morbid changes are deposited, or from which they are produced.

The same affection has occurred to the author's observation in monkeys, horses, oxen, sheep, pigs, dogs, cats, and birds. Monkeys are very subject to scrofula, he continues to remark; and, in a great number of those brought to this country which he has examined, he has generally found that they have died of scrofulous tumors, partly in the state of vomicæ. Mr. Langstaff says, he does not think that these abscesses are produced by the suppuration of tubercles, but by affection of the healthy surrounding structure, caused by the irritation of the tumors. But, in opposition to this remark, it should be observed, that suppuration generally [from our own observation, we would say almost always,] begins in the centre of the tubercles.

Mr. Langstaff has also observed, that

"Sometimes the schirrous, medullary, and fungous, structures, are so blended in various parts of the same subject, that they appear like different stages of morbid growth; and the difficulty which the pathologist experiences, is in deciding whether the disease of the cancerous or hæmatodal kind, or whether they are not of the same class. Sir

Everard Home, in his observations on the nature and progress of Cancer, says, so much does the same disease differ in its appearances in different patients, from the endless peculiarities of their constitutions, by which every part of the body must be more or less influenced, that it is not possible, in practice, to distinguish in all cases between cancerous and scrofulous tumors, after they have advanced to a certain size. He is ready to confess that, in many instances, he has mistaken the one for the other; and has removed by operation tumors which, at the time, had the appearance of being cancerous, and, upon examination after their removal, found them of a scrofulous nature. On the other hand, he has neglected to remove tumors, from the circumstances making it probable that they were scrofulous, which afterwards became cancerous, and destroyed the patient."

In most of these general notions, Mr. Langstaff agrees with Dr. Baron; and, in the following particular remark, he also favours his views of the important connexion of these affections, in some instances at least, with morbid action of the absorbent vessels. In noticing a case of this disease in the liver, Mr. Langstaff says, "The tumors were not enveloped by capsules, but so intimately connected with the remaining structure of the liver, as to induce me to suppose there must have been first interstitial absorption, to allow the vessels to take on the office of depositing the diseased masses." This, however, opposes the notion of the hydatidical origin of the disease. On many other occasions, however, the author has observed that the tumors "possessed delicate cysts."

Mr. Langstaff also witnessed several cases where a bloody fungus, precisely similar in appearance to that supposed to mark a particular disease which has thence received its name, has arisen at a late stage of the organic lesion: in some instances, from spontaneous change; in others, from the parts having either been handled or cut into by the knife: and he is inclined, as well as Dr. Baron, to believe that this fungus is only one of the effects of the common disease. The author adduces many particular observations, supporting his opinion respecting the seat of the disease: in the lungs, the tumors occupied "chiefly the surface beneath the pleura, many of which had, by their growth, occasioned the absorption of that membrane, which allowed of their growing into the cavity of the chest;" many of them, although enveloped with a cyst, formed by the pleura, projected considerably from the lungs. Similar appearances were observed between the layers of the omentum, and beneath the peritoneal covering of the intestines. The following observations, besides corroborating the opinion above alluded to, furnish some interesting facts respecting the progress of the disease:

"Some of the tubercles were very small; the largest were near the surface of the liver, and none exceeded the magnitude of the common walnut. They all had delicate cysts, and the contained matter was retained by beautiful reticulated lymph. The large kind were formed by an aggregation of the smaller: they did not project far from the surface of the liver, but had a slight central depression, without the peritoneal covering being thickened; but the blood-vessels were very numerous in those parts, and most likely would, if the man had lived much longer, have occasioned that cartilaginous opacity mentioned in some of the former cases."

These coincidences of opinions in different pathologists are highly gratifying; and the circumstance of their having occurred in Dr. Baron and Mr. Langstaff, without any mutual intimation of sentiment, adds much to the weight of each individually.

We have indulged in many of the foregoing extracts, because they will supply a deficiency in our analysis of the work of Dr. Baron; for his and Mr. Langstaff's observations of facts so nearly agree, that it is unimportant from which they are taken: but we cannot extend them much further. The following, however, we adduce, as being of great importance in a therapeutical point of view; since, with the fact that the disease when it appears in the extremities is but very rarely confined to them, it must show the impropriety of adding to the distress of the patient, in a great proportion of cases, by operations with the knife, as frequently as we have been accustomed to do.

"From what I have seen (says Mr. Langstaff) of cancer and fungus hæmatodes, I am convinced of their not being local diseases, any more than those of the scrofulous class: they must, therefore, be considered what has been termed constitutional. And, having noticed many small scrofulous tubercles in the lungs of still-born children; also pulpy tumors in the lungs of adult persons who had not been affected during their lives with the least symptom of pulmonic disorder, and who died of active disease of a different description in other viscera; I am led to suppose, that these specific and malignant diseases, such as cancer, fungus hæmatodes, and scrofula, have their origin perhaps with the formation or development of the natural parts of the fœtus in utero; and that they remain, after the birth of the individual, in some instances, dormant or inactive for a series of years; and, in all, only require a peculiar morbid excitement, to occasion their increase and destructiveness."

Before we conclude, we are disposed to make a remark respecting the multitude of cases of this disease which have occurred to the observation of Mr. Langstaff, and which are so far beyond the proportion witnessed by other surgeons in extensive practice; it may probably be thus accounted for: Mr. Langstaff is surgeon to the workhouse of the ward of Cripplegate Without, which generally contains upwards of 270 paupers, and

of the most wretched kind; "many of whom are admitted with the worst species of disease, besides having suffered, previous to their admission, all the privations which abject poverty occasions." It was there the author witnessed a great proportion of the cases here related: and this is worthy of consideration, in connexion with the facts mentioned in Dr. Baron's work, of Dr. Jenner having found that he could produce tubercles in young animals by feeding them on certain species of food, and especially by not allowing them a sufficient quantity of nutriment. Let us add to this a remark of Dr. Baron, the importance of which has now more fully struck us,—that, a peculiar want of nutrition marks the earliest stage of the apparent existence of the tuberculous diseases he has described.

All those who are but half as deeply impressed with the importance of this subject as we are, will make it an object for meditation, after having become acquainted with the facts respecting it, to which we have alluded, by the perusal of the original works.

Case of Hydrocephalus, successfully treated by the removal of the Water by Operation. By JAMES VOSE, M.D. of Liverpool.

The patient was an infant, seven weeks of age, whose head was enlarged to between two and three times its natural size. Ossification had made little progress since birth: shortly after which, the existence of the disease was observed. The head, when placed betwixt the eye and the light, was so transparent as to be not unaptly compared to a paper-lantern.

The operation was performed by a couching-needle, but it is neglected to be stated in what part the puncture was made. Three ounces and five drachms of limpid fluid were discharged, and the opening was closed with adhesive plaster; a roller at the same time being applied round the head. The head lost its tension and globular form, allowing the water to gravitate with the motion of the now flaccid parietes. About the same quantity of water dribbled from the orifice after the operation; and the child sunk so low as to create great alarm. It rallied, however, without the aid of medicine; and water again accumulated in a few days, so as to produce the former degree of tension. The operation was repeated in about a fortnight, with less fear and circumspection. A bistoury was used, and five ounces of fluid were evacuated. No unpleasant consequences ensued.

The head, having regained its former size in three weeks' time, was again tapped, and eight ounces of fluid abstracted, without the production of any constitutional disturbance. The head was punctured, for the last time, about nine days subsequently; and a grooved director being introduced into the orifice, twelve ounces were drawn off in a continued stream.

The head became very flaccid and shapeless, but no derangement of health followed. It was observed that, after each operation, the process of ossification went on with great rapidity.

Shortly after the last operation, a copious discharge of water from the bowels occurred; at first with the natural motions, but afterwards alone, and resembling in sensible qualities that evacuated from the head. The same sinking as followed the first puncture ensued on the second day of this discharge; and it was remarked, that a diminution of the size of the head corresponded with the quantity of fluid thus discharged. Ossification advanced rapidly; and, at the time of the report, the bones of the head were nearly as complete as is usual in a child of that age. The infant improved in health, size, and vigour: its appetite and digestion were good; and not a single convulsion had occurred since the first operation. The medical treatment was confined to a regulation of the bowels by small doses of hydrarg. cum creta.

The importance of this case will, we trust, warrant this ample detail. A want of the previous history of the disease must be regretted.

As we are about to prepare a review of the Essay of Dr. Cheyne on Hydrocephalus, we shall defer our remarks on this case. In that, we shall give an account of another instance in which a similar operation has lately been performed with success, and show that it was advised as a common practice by Hippocrates.

Account of a Case of defective Power to distinguish Colours. By Whitlock Nicholl, M.D. F.L.S. of Ludlow. Read May 26, 1818.

This case is similar to one before related by Dr. Nicholl, and published in the seventh volume of these Transactions.

On the Use of the Actual Cautery as a Remedy for the Cure of Diseases. By J. P. Maunoir, Professor of Surgery in the University of Geneva.

Further Account of the result of an Operation for forming an artificial Pupil. Extracted from Letters addressed to Professor Scarpa. By the same.

This will not admit of an abstract.

Cases shewing the Coincidence of Worms in the Intestines with Hæmoptysis, and Remarks on the Probability of the two Affections having a Connexion with each other. By Nathaniel Rumsey, Esq. Surgeon, Beaconsfield, Bucks. Communicated by Dr. Bateman. Read June 24, 1818.

The connexion of hæmoptysis with a disordered state of the intestinal canal, has been frequently observed; and those physicians who have most attended to verminous affections, have

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any other basis than original observation, that we should be deterred from imitating their conduct, even had we not been before penetrated with the truth contained in his remarks. The impropriety of this conduct would, indeed, be soon detected, when applied to less speculative subjects than medical theory. Let a chemist attempt to apply new principles to the explanation of any series of chemical phenomena, merely from the ideas he can acquire from the results of experiments of others, he will be arrested at the onset;—be led to discern, that men in general see little more than those parts of objects which fall in with their peculiar views; and that original investigations will be necessary, to furnish a solid basis for an original train of reasoning.

The only critical remarks we shall, then, adduce on this work, are, that the author reasons with precision and apparent solidity of judgment, on the ideas acquired from his own observations; and that, in considering yellow-fever as an endemic malady originating from atmospheric influence, he is supported by some other experienced physicians of eminent talents: we would especially designate Dr. VEITCH and Dr. MAC ARTHUR.

The precise disease that should be considered as yellow-fever, is a question yet disputed. Here we witness so remarkable an instance of the confusion which may ensue from the use of inappropriate names for diseases, that it has been chosen as an express subject for the illustration of this fact by Sir Gilbert Blane, in his "Elements of Medical Logick." *Typhus*, fever from *marsh miasma*, and the *atmospheric endemic*, are all commonly accompanied with a *yellow* colour of the skin; and hence much of the disputation on the subject of *yellow-fever* has obviously arisen. Each of the diseases above designated, is still termed yellow-fever by different physicians of eminence; and hence the partizans of animal contagion, marsh effluvium, and atmospheric influence, respectively argue on their own grounds with the certainty of gaining a triumph: whilst, to add to our embarrassment, the pathology of those diseases appears to be not sufficiently accurate to furnish a basis for precise distinctions between them.

Mr. Dickinson commences his work with stating, that extensive sources of observation, and long experience in the West-India districts, have led him to form an opinion that *yellow-fever* should be distinguished from *idiopathic* fever, whether resulting from animal contagion or from marsh effluvium. He was particularly led to form this distinction, "by observing the great number of patients who fell victims of yellow-fever in the year 1796, when all *but* new comers enjoyed complete exemption; and by having the opportunity, soon after, of contrasting the disease with the marsh remittent fever."

Several cases of the inflammatory endemic, the marsh remit-

tent, and of a topical affection, marked, equally with the others, by yellowness of the skin, occurred at the same time, in the Military Hospital, under the author's superintendency; and, he continues,

"As these *distinct* febrile affections were each regarded as examples of the yellow-fever, from the predominancy of a striking symptom, (which, upon this occasion, led to an enquiry of Mr. Dickinson, by medical officers lately arrived in the West Indies, as to the identity of the diseases in the hospital with the yellow-fever of authors;) the importance was suggested of distinguishing them, by a more minute attention to their nature and cause; as, notwithstanding their resemblance in certain particulars, they require a different consideration both for their prevention and cure."

After stating the opinions that have been entertained respecting the origin of yellow-fever, from animal contagion, and marsh effluvium; acknowledging the occurrence of a form of fever from the latter source; and expressing doubts respecting the propagation of contagion in tropical climates; he observes,

"There is, however, a form of febrile affection, occurring so frequently and so extensively,—sometimes so violent in its symptoms, and so fatal in its results, as to excite surprise that it has not received attention proportionate to its importance.

"This febrile affection is the effect of sudden change of climate, augmented by violent exercise and intemperance.

"It is this disease which the writer denominates the 'inflammatory endemic of new comers to the West Indies from temperate climates.' Occurring less often, and in a comparatively slight degree, it has occasionally been called the 'bilious continued,' or 'sporadic fever.' In severe examples it has acquired the name of 'yellow-fever,' 'malignant,' 'pestilential,' &c."

This form of fever the author considers as dissimilar to the "idiopathic fever of human contagion; or of febrific miasma, the product of particular soils. Nor can it be regarded as a topical phlegmasia; for the general affection of the system precedes the topical determinations, which are *liable* to take place to certain organs:" and thus he thinks "the *yellow-fever* must not only be distinguished from contagious and marsh fever, but also from fever, as understood by those who refer it to the morbid affection of an individual organ."

An inflammatory diathesis is, then, Mr. Dickinson continues, invariably a predisponent cause of yellow-fever; and a state of *general excitement*, the chief characteristic of the disease: now, these circumstances, he concludes, are not essential to idiopathic fever.

This exposition would have been more clear and precise, if the author had first shown what he considered to constitute idiopathic fever; because, by designating this as not consisting

in *general excitement*, nor dependant on local inflammation, he leaves us without a precise object for contemplation.

"The disease, (the author afterwards observes,) being exclusively incidental to strangers from temperate regions, will be found to occur with a prevalency proportioned to their numbers: sporadically, when these are few; or epidemically, at least in appearance, when many are introduced at the same time.

"Happening in a mild way, it may with great propriety be termed a *seasoning*. The reduction of the system by the evacuations necessarily employed for its removal, is commonly preventive of a future attack."

Long residence will produce the same effects; and what forcibly illustrates the causes of the particular disposition to this fever, is the fact, that natives of the country, and Africans, are exempt from it while they continue in the torrid zone, though, after a residence in a temperate climate, they acquire a susceptibility to it. The age of adolescence is that in which its attacks are most severe; and the natives of the colder regions, those who are most readily liable to it.

Some remarks follow, of very considerable interest, and seem to explain in a satisfactory manner occurrences that have been thought, under diversity of circumstances, to favour the doctrine of imported contagion, and the origin of the disease from marsh effluvium.

"The freedom of the West-India islands, at different times, from yellow-fever, has been ascribed to certain changes in the atmosphere, independently of the temperature; while the exemption of troops, *accustomed* to the climate, has been attributed to the clearing away woods, draining morasses, and erecting new barracks in more healthy situations.

"This occasional immunity, agreeably to the writer's observation, should, however, have been referred to the absence of susceptible subjects: for, whenever great numbers of strangers have recently arrived at the same time, the disease has usually appeared like an epidemic of awful extent; although the natives, negroes, and the other classes of the community assimilated to the climate, continued healthy."

But, at the same time with this affection, as before observed, fever from marsh miasma, and from local inflammation, sometimes occurs; and various terms have been employed to designate the particular affection, whilst they have retained the general appellation of yellow-fever.

As witnessed by Mr. Dickinson, the inflammatory endemic was invariably, he says, divested of the character of contagion. Its relations to idiopathic fever, as considered by Pringle, Cullen, Cleghorn, Lind, Fordyce, Currie, or their numerous followers, then become the subject of the author's remarks. The appearance of oppression or debility in the vital powers, mentioned by those writers as occurring at the commencement of simple idiopathic fever, was not witnessed in the inflammatory

endemic: its earliest symptoms "consist in an increased excitement of the sanguiferous system; not as an accident, or irregularity arising in the course of the disease, but as an essential part of the attack, which well-conducted evacuations can alone control." The author continues to observe, that

"The inflammatory endemic, which, in its mildest form, has been regarded as a 'sporadic febricula' of ephemeral duration, has, under a severer aspect, when attended with yellowness of the skin, black vomiting, &c. been considered an infectious epidemic, or a malignant typhus."

After some general remarks on its changes of character in different stages, and the influence of treatment on its first attack in modifying them, the author continues his comparison with idiopathic fever. The symptoms of the first stage of the latter have no existence in the yellow-fever. "Many of those appearances which form the second stage, are amongst the primary symptoms of this disease; from the commencement of which, there is always increased velocity of the circulation, accompanied, in severe and neglected cases, by topical determinations to important organs." If this state of excitement be not subdued, a stage of debility will ensue, destructive to the patient. There are no renewal of febrile paroxysms, or remissions and exacerbations: "the appearances which afford hopes of a remission to those who are unprepared by experience, and which have often led to the exhibition of the cinchona, in the view of preventing a recurrence of the febrile stage, invariably tend to the fatal termination of the disease." Those appearances depend on extreme debility from exhaustion by the previous excitement, accompanied with some organic derangement.

Mr. Dickinson then adduces a comparison between this fever and the "marsh intermittent and remittent;" and with this terminates the introduction to the work.

The view we have here given of the author's general statement of his opinions respecting the origin and nature of the inflammatory endemic fever, is, we perceive, very imperfect, and somewhat of an indeterminate character. This, we must observe, has depended in a great measure on the construction of the work, of which we shall here give a concise explanation. That part of it, comprising the author's own observations and reflections, was written as early as the year 1813; but, the publication having been delayed, notes and illustrations have since been added, which, continually breaking the train of the author's reasoning, render it almost impossible to proceed in it with that precision and order necessary to enable us to give a connected or adequate view of it, in so concise an abstract as our limits confine us to; though this is an inconvenience that will be of but little moment in the perusal of the work in detail,

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The other divisions of it are devoted to the consideration of the *causes and prevention*, and the *symptoms and treatment*, of the yellow-fever: each of which are also accompanied with "notes and illustrations," comprising a further development of the author's opinions on several points, and extracts from the works of other writers.

We pass over the former, since, from the view already given, the author's general observations on the causes, and prophylactic measures, of this disease, must be sufficiently evident: for particular points, we refer the reader to the original. From the latter section we shall adduce a few extracts, in order to render the account of the disease which we have given, somewhat more clear and comprehensive.

After some remarks on the variation in the character of this form of fever in persons of different habits of body, and from the different degrees of intenseness and duration of its exciting causes, Mr. Dickinson observes,

"A slight attack has seldom been recognized to bear any strict affinity to the much-dreaded 'yellow-fever.' Considered merely as a 'seasoning,' it has rarely been regarded of the same kind; as produced by the same causes; and prevented, or removed, by the same general means which are applicable to that fever in its severer aspects.

"In a somewhat greater degree, this 'seasoning' has received the title of fever, a 'sporadic,' 'an unusual and slight occurrence.' In its more formidable character, conformably with the violence of the symptoms excited, it has been contemplated with great alarm. It has been considered a disease '*sui generis*,' sometimes identified with the most fatal of those idiopathic fevers, with which the observer may have been acquainted.

"These states of the inflammatory endemic present, however, only different aspects of the same disease; the diversity of appearances, with their ultimate effects, solely arising from their greater or less degree of violence. It should be, however, explicitly understood, that the termination of inflammation in the exhaustion of the vital power, constitutes, in the latter stage of the disease, a change in which, in the treatment, we must regard *degree* as *kind;* inasmuch as the remedy of the first stage would prove destructive in the second.

"In the less severe examples, exposure to the exciting causes is soon accompanied by heat and dryness of the skin, with increased action of the sanguiferous system. These effects will, however, commonly subside by rest, and removal from the further influence of this cause.

"In a more decided attack, the sensation of heat upon the surface is increased to a painful degree; but feelings of heat and slight chilliness alternate for a time, until the morbid temperature be perfectly established. This sensation of heat is accompanied by a general blush, tension, and dryness of the skin, flushing of the face, and inflammatory appearance of the eyes. There is a universal sense of soreness, flying pains, diminution of the power of muscular exertion, restlessness, sighing, yawning, and stretching; occasionally a disposition to doze, but this disposition is not followed by tranquil sleep.

"These symptoms commonly precede, and accompany, a greater or less degree of pulsating pain within the head, particularly severe over the eyes, and rendered more so by pressure on the eye-balls. Pain is felt in the course of the spine, across the loins, and in the lower extremities. There is increased sensibility to the impression of light and sound. If any nourishment be attempted to be taken, it produces nausea. The tongue is clean, red, dry, and hot; sometimes white, with heat and dryness. Thirst is generally urgent; the pulse is commonly full and frequent, amounting to 130 in a minute. The respiration is laborious, with a painful sense of stricture across the chest. The bowels are costive; sometimes there is vomiting very early in the attack, with singultus, and pain, on pressure, at the pit of the stomach. The urine is scanty and high-coloured; its evacuation is attended with difficulty, and with scalding pain."

In more severe attacks, or when the disease proceeds uncontrolled, the author describes it as having the character ordinarily considered proper to yellow-fever. We cannot follow him through this history: but we may remark, that the principal subsequent phenomena, when determination to the liver takes place, are, yellowness of the skin, if the passage of bile to the intestines be interrupted; or, if this be free, vomiting and purging of dark bilious matter, afterwards assuming a tar-like appearance, and at length that of the *black vomit.* Determinations to other organs also supervene, especially to the stomach and brain; and, finally, hæmorrhages from various parts, and all the appearances commonly termed *typhoid.*

We adduce the following extract, to give a view of the author's general precepts for the mode of treatment:

"The consideration of the stages of increased action, and finally of exhaustion, determines the rationale of the treatment; as an attention to the producing causes, predisponent and exciting, afforded the ground of prevention.

"If, then, at the moment of the attack, the stomach should be loaded with solid matter, or over-stimulated by strong drink, an emetic will remove the impression of this exciting cause.

"Every other occasion of increasing the excitement must be obviated: after which, 1, general bleeding; 2, active purging; 3, the warm bath; 4, cold ablution, and cool drink. These must be employed to reduce morbid action, and prevent the debility resulting from over-excition generally, and from over-distention of particular vessels, causing congestion; while, in the actual occurrence of determination of blood to the head, stomach, or liver, topical bleeding, blisters, &c. must be resorted to, with the view to remove congestions already formed, and allow the vessels to recover their tone.

"If, however, exhaustion has supervened, the practitioner can administer but feeble aid. Quietude, a cool temperature of the atmosphere, gentle laxatives, nourishment, and sleep, present the only means of restoration.

"Nor will the most assiduous application of cordials, stimulants, ano-

dynes, or antispasmodics, as certain medicines are sometimes called, often reward the anxious hope of the practitioner, even when aided by the more efficient agency of blisters, injections, and opium; although it will be proper to give them judicious trial."

Dissection generally showed signs of inflammation of the brain; in the stomach, a sort of pellicle, easily removed, covering the villous coat; and dark-coloured spots, apparently from effused venous blood, dispersed over the same surface. When symptoms of determination to the liver had been present, that organ was sometimes found to be livid and overspread with dark-coloured spots throughout its structure, much enlarged, and full of dark-coloured blood, or deep-yellow bile. The gall-bladder and hepatic ducts were occasionally tinged with black viscid bile.

A desire to furnish the generality of our readers with something like a view of the observations and opinions of Mr. Dickinson, has led us to make the foregoing abstract: it will, probably, be sufficiently comprehensive for the use of the civil practitioner; but men called to witness scenes similar to those in which the author for so long a period employed his useful exertions, will think it necessary for them to study in detail the results of the experience of so accurate an observer.

Reports on the Diseases of London, and the State of the Weather, from 1804 *to* 1816: *including Practical Remarks on the Causes and Treatment of the former; and preceded by a Historical View of the State of Health and Disease in the Metropolis of past Times; in which the Progress of the extraordinary improvement in Salubrity which it has undergone, the Changes in the Character of the Seasons in this respect, and the Causes of these, are traced down to the present Period.* By THOMAS BATEMAN, M.D. F.L.S. &c. Physician of the Public Dispensary, and Consulting Physician to the Fever Institution in London. 8vo. pp. 288. London: Longman and Co. 1819.

THE title of this work sufficiently indicates the objects the author had in view in its production; and those who have perused the Reports of Dr. JOHN REID, published in the Monthly Magazine; and those of Dr. WILLAN, in some of the early volumes of this Journal, need not be informed how interesting and useful one of the series of subjects it comprises may be made, by a person who has the ability to deduce general principles from his own observations; and, in descending to more particular views of disease and the effects of remedies, to select those points which are essential and of real importance, from what are common and accidental. The Reports of Dr. BATEMAN bear this character in a strongly-marked degree; and though, from the source of his observations, it is to London

practitioners that they must be particularly interesting, yet it will be found that there are few diseases respecting which he has not advanced more or less numerous and original remarks, of general as well as of topical application and utility.

The author's historical account is, we venture to assert, superior to any thing of the kind in existence. His reasonings bear the mark of sound judgment, and they are derived from accurate and comprehensive views. Nothing of importance, indeed, at all connected with the subject, seems to have escaped him; and his production is as interesting to the reflective physician, as it will be found valuable to the political historian.

We transcribe the following passage, rather as a specimen of the author's manner, than because it possesses peculiar merit, compared with the rest of the dissertation:

"It will be easy, we apprehend, to show, in the first place, that the circumstances to which the diseases and mortality of the seventeenth century were attributed by the writers of those times, were not the real source of the mischief; and, secondly, that others, which were then almost entirely overlooked, were in reality the efficient causes of all the prevailing maladies.

"The coldness and vicissitudes of weather, and the humid and thick air, which were ascribed partly to our insular situation, and partly to the extensive use of sea-coal as fuel, are the chief circumstances to which writers have referred the origin of so much disease. Now, with respect to the first point, although we may question the truth of the opinion that our climate has of late years become more ungenial, we have no reason to believe that our seasons have become milder, or are in any way improved. With respect to the inclemency of our spring, we may quote Claremont, who wrote in 1652: 'Ac mihi nunc ista mense Maio scribendi, (he says,) videnter brumales dies; usque adeo denso et caliginoso aëre circumfundor;'*—an observation applicable to the same month for several years back. And I shall presently attempt to show, that the sickliness of the autumnal season did not arise from the difference in the season itself, but of the circumstances of the metropolis at the period alluded to.

"The contamination of the atmosphere of London by the smoke from coal-fires, appears to have been generally considered, both by natives and foreigners, as a leading cause of the unhealthiness of the town. 'I am inclined to believe,' says Major Graunt, 'that London now (1662) is more unhealthful than heretofore; partly for that it is more populous, but chiefly because I have heard, that, sixty years ago, few sea-coals were burnt in London, which are now universally used. For I have heard that Newcastle is more unhealthful than other places, and that many people cannot at all endure the smoke of London, not only for its unpleasantness, but for the suffocations which it causes.'† Evelyn, who published a pamphlet entitled *Fumifugium* in the year 1661, exclaims very feelingly upon this subject, 'that this glorious and ancient city, which from wood might be rendered brick, and, like another Rome,

* Claromontius, *de Aëre, Locis, et Aquis Terræ Angliæ*, p. 18.
† Major Graunt's *Natural and Political Obs. on the Bills of Mortality*, p. 95.

from brick made stone and marble; which commands the proud ocean to the Indies, and reaches to the farthest Antipodes; should wrap her stately head in clouds of smoke and sulphur, so full of stink and darkness, I deplore with just indignation.' And he states a curious fact respecting the temporary disuse of coals, as influencing vegetable life, from which its effects on animal life are to be inferred.* In refutation of these notions, however, it is sufficient to observe, that the supposed effects have ceased, while the cause has been augmented to an incalculable degree. And a similar observation will serve to refute an opinion, generally advanced by foreigners in particular, that most of the diseases of England are to be ascribed to the use of animal food and malt-liquors, especially taken to repletion, as was then the custom in this country, if we credit their report.†

"But the real sources of the unhealthiness of London, at the period when Willis and Sydenham wrote, eluded the observation of those sagacious enquirers, and remained for development by the gradual experience of a more enlightened and scientific age; although, perhaps, that experience has been, in a great measure, the unforeseen result of the necessities of increasing commerce, and of the contrivances of increasing wealth and civilization. This subject may be illustrated by a reference to the condition of an army in camp. The diseases by which London, in common with all large towns, was almost constantly infested, during and previous to the seventeenth century, were, as we have seen, the plague, malignant, intermittent, and remittent fevers, and dysentery. Now, these very diseases, according to the concurring testimony of all military physicians, are the regular endemics of camps, especially in the autumnal season, if they continue for a short time stationary, or are situated on damp or swampy ground. These diseases are obviously occasioned by the miasmata arising from a soil naturally wet, or rendered so by the accumulating filth of an army; such as the urine and excrements, the remains of victuals, the water used in cookery or in washing, &c. which is necessarily impregnated with animal and vegetable matter; and from all of which those morbific effluvia arise, in consequence of the putrefaction and more ready evaporation produced by the heats of autumn. This is not now a matter of speculation; for experience has amply proved, that, by draining a small marsh, by removing a camp even a few hundred

* In the year 1644, when Newcastle was besieged, and coals not to be procured in London, he affirms, that "divers gardens and orchards, planted in the very heart of London, (as, in particular, my Lord Marquisse of Hertford's, in the Strand, and my Lord Bridgewater's, and some others, about Barbican,) were observed to bear such plentiful and infinite quantities of fruit, as they never produced the like, either before or since, to their great astonishment."

† It is matter of curious remark, at what an early period the English had obtained the character of being greater eaters than their neighbours. We not only find Claremont speaking of the "cibi crassi ac fæculentæ turbidæque potiones" of our ancestors in the seventeenth century, and asserting that this diet was "non tam qualitate quam copia et quantitate insalubre," and that *repletion* was, in his opinion, the cause of all the diseases of the English, (see pp. 49, 51, 53;) but, so early as the latter end of the fifteenth century, that opinion existed abroad. For Cogan, in his *Haven of Health*, published in 1605, quotes Hadrianus Barlandus; who, in a dialogue between an innkeeper and a traveller, speaks of a rich and copious repast, as being "after the English fashion." See his prefatory address "to the gentle reader."

yards from the station which it previously occupied, by burying the excrements, and forming proper receptacles under ground for the urine, the water employed for culinary and other purposes, the remnants of victuals, &c. those endemic diseases have been removed, or altogether avoided.*

"Now, a large town is but an extensive camp, so constructed as to be destitute of the means of changing its situation, and therefore liable to be infested with the same diseases as are endemic in camps, unless the precautions just alluded to be fully adopted. Hence the necessity for the construction of privies, drains, and common sewers; and the advantages of a flowing stream, by which all impurities may be carried off; as well as of an abundant supply of water, for the purposes of cleanliness; and of a hard and regular pavement, preserved in a cleanly condition by proper scavengers, &c. in every crowded town. Wherever these precautions are neglected, intermittent and remittent fevers, and dysentery, will not fail to appear, especially in or after wet and hot seasons:† for, in the wet seasons, collections of filth accumulate; and, in great heats, they more readily putrefy and evaporate. Dr. Hunter expresses a strong suspicion, that the fatal endemic fever of Philadelphia, in 1793, was the result of neglect with regard to those precautions, as well as the subsequent endemics of New-York.‡

"It will not, however, be difficult, we apprehend, to prove, from documents in our possession, that those precautions of cleanliness, which alone are adequate to the removal of the sources of the miasms that excite endemic diseases, were not sufficiently attended to in London before the great fire in 1666, nor till upwards of half a century subsequent to that calamitous, though ultimately beneficial, event. And, what is not less convincing, as a proof of the pernicious consequences of such inattention, we shall find the health of the inhabitants improving, *pari passu*, and exactly in proportion as these causes of their unhealthiness were removed; while the damps and clouds of spring returned as heretofore, and the rains and heats of autumn continued."

Researches into the Nature and Causes of Epilepsy, as connected with the Physiology of Animal Life and Muscular Motion; with Cases illustrative of a new and successful Method of Treatment. By JOHN G. MANSFORD, Member of the Royal College of Surgeons of London; Author of an "Inquiry into the Influence of Situation on Pulmonary Consumption," &c. 8vo. pp. 160. Longman and Co. 1819.

THIS work is composed of two parts: one constituted of some hypothetical speculations on the causes of life; the other containing some observations respecting the treatment of epilepsy by the application of the principles regulating galvanic phenomena. The former we should pass over unnoticed, did we not think it our duty to censure the spirit by which it is

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* *Obs. on the Diseases of the Army in Jamaica*, by Dr. John Hunter, Appendix, 3d edit.

† *Obs. on the Diseases of the Army*, by Sir John Pringle, part ii. chap. i.

‡ Dr. Hunter, *loc. cit.*

characterized. Mr. Mansford adduces the definitions of life given by some of those physiologists who think that this should be drawn from the description of its phenomena; and then, mistaking, apparently, those descriptions of results for propositions of primitive causes, he attempts to show the absolute erroneousness of the whole of them, and applies to the sentiments of their authors the most odious of appellations; saying, "on whatever ground materialism and infidelity (for they are inseparable) rear their imposing fronts, on that ground they must be met."

By what intellectual operation the conclusion is formed, that the authors of several of those definitions are materialists, we know not; but it is certainly not by correct reasoning: and what Mr. Mansford means by *infidelity*, we do not precisely comprehend; but, as this term is commonly considered to designate *atheism*, it becomes the imperative duty of every medical physiologist to express his disgust at such conduct as that we have just noticed. For, what must the public (whom, it is obvious, Mr. Mansford supposes will read his book) think of a profession generally, if such an accusation of the character of some of the most eminent and most esteemed of its members, be suffered to pass without reprehension? All those, then, who have a due respect for their own moral as well as scientific character, will vindicate themselves by an exposure of the folly, as well as mis-statements, evinced in the work before us.

For medical readers, it is only necessary to transcribe the first of a series of conclusions formed by the author. He says, "The immaterial principle, or soul, is the first and *only* principle of life and action; from which, in a descending series, *all* the motions of the living body must proceed, and which only can be entitled to be called the principle of life."

On this we shall make no comment. We have too much respect for the intelligence of our readers, to permit us to adduce a single reason in opposition to it; and the only remarks we choose to make respecting the arguments which lead to it, are, that any person who may determine to peruse them, must prepare to have his feelings shocked by the uncandid, and often grossly false, manner in which the opinions of others are stated; as well as to find common sense outraged by what are given as trains of rational reflection. It is necessary to add to the above, that Mr. Mansford believes the electric matter, or at least an analogous fluid, to be the medium by which the soul acts on the organization of *man*. Whether or not he considers that it is by the same matter that the souls of *brute animals* act on their bodies, he does not mention. We can hardly doubt but that he believes brutes possess souls; or to what will he attribute

all their vital actions?—perhaps, to electrical influence alone, as he is disposed to do those of plants.

In order that neither Mr. Mansford's, nor our, meaning may be mistaken on this occasion, we should say, that by the *soul* Mr. Mansford does not signify the divine *aura*, which some of the wisest of the Greeks supposed to be diffused throughout the whole creation, giving life to plants as well as to animals;—a sentiment that has been so often cited from VIRGIL, with approbation, by some of our philosophical Christian divines, (who, of course, consider that it does not oppose the doctrine that man, in addition to that, possesses that peculiar immortal existence commonly understood by the soul,) and which LUCAN made so impressive in the voice of Cato. St. PAUL, indeed, is in exact conformity to the doctrine of the Greeks on this subject. He speaks both of the Πνεῦμα (the *soul*) and the Ψυχή (the *vital principle*), in addition to the Σῶμα (the *body*); but, let it be observed, neither, nor both, of these were supposed to constitute in themselves the *mind* or *intellect*. ANAXAGORAS first taught that the mind was created, in a manner, by means of the principles above enumerated, from impressions received from external objects: it was for this reason that the doctrines of THEOPHRASTUS, DEMOCRITUS, and PARMENIDES, which taught that the soul and the mind were identical, were considered to favour materialism. Here St. Paul also accords with the opinions of the philosophers first alluded to: on this point, see his *Epist. ad Ephes.* c. 4. v. 17; and, on the former, his *Epist. ad Thessalon.* l. i. c. 5. v. 23. Mr. Mansford means the *soul* designated by the dogmas of the *Scriptures;* which, he says, authorize the belief, that such a cause is the "*only principle of vitality.*"

We turn to the part of the work appropriated to practical observations: the detail of Mr. Mansford's hypothesis of the nature of epilepsy is passed over, because it is founded on the principles above designated. The following paragraph will, perhaps, give the reader a sufficient idea of it:

"The voluntary motions of the body may be defined to be the result of a subtile and mobile matter, answering in its nature and properties to the electric fluid transmitted by an act of the will from the brain to the muscles. In a state of health, the principle of life is fully competent to regulate the formation, and the retention or discharge, of this substance. But, if it be weakened by disease, so that it may be unable to control that portion with which the brain is already charged, or to prevent its increase, or transmit it to the distant parts, the balance between its formation and expenditure being destroyed, an accumulation must happen; which arriving at its maximum, the point beyond which the brain cannot be charged without injury to its structure or functions, or perhaps without endangering life itself, the vital principle being absolutely overwhelmed and losing its command, the motive powers of the system become for a

time obedient to those laws which would govern them in any other situation, and fly from the points in redundance to those in deficiency; when the vital principle, being freed from the load which threatened its existence, resumes its seat and its power.

"This may be considered as a brief explanation of the phenomena of the epileptic paroxysm; rendered still more probable by its general periodical character, when existing in its pure idiopathic form."

The application of a medium, then, by which the galvanic or electric matter* may be constantly carried from the brain, by which, of course, its undue accumulation, and the consequent explosions, may be prevented, is the new measure proposed by Mr. Mansford in the treatment of epilepsy. As we are not disposed to doubt the validity of his testimony, when he states the results of his observations, we must observe, that the facts he adduces show his measures to be worthy of attentive consideration. Useful practical means have often resulted from erroneous reasonings: the administration of iron in chlorosis is a forcible illustration of this.

Several cases are related, that were relieved in a remarkable manner by Mr. Mansford's remedy, some of them chronic, others acute: and, what seems to show that these results did not depend on moral influence, is, that at least one of the patients was too stupid to be impressed in this way; and, in one instance particularly, a recurrence of attacks, after they had totally disappeared for a considerable period, took place at different times; when it was found, on all these occasions, that the conducting medium was broken.

Mr. Mansford does not mean that this measure should exclude the use of other moral and physical measures,—as blood-letting, purgatives, &c. according to the indications of symptoms; neither does he suppose that it will effect a cure when the disease depends on organic lesion of the brain; but even these cases, it appears from his observations, may be alleviated by it. One instance of what might be considered hereditary disease, was so much relieved, that nothing but the patient's obstinacy seemed to prevent the perfect success of the remedy.

Mr. Mansford's mode of applying galvanic influence to the cure of epilepsy, is a modification of that first used by Dr. Grapengiesser, of Berlin,† in palsy, and various other diseases. But that physician did not employ it with the view of constantly carrying off electric matter from the brain. He also applied the metals to the exposed cutis, which, Mr. Mansford says,—

* We use these terms as if we were confident of their propriety; but the doctrine of the existence of such a *matter* (not a *quality* of other matter) is shaking to its foundation. This was stated by Dr. Thomson, in his last History of the Progress of Chemistry, in the *Annals of Philosophy*.

† A full account of this is given in the eighth and ninth volumes of this Journal.

"Must have been intolerable to many patients for any length of time; besides that in an epileptic habit, which is generally an irritable one, it would not be admissible. Dr. G. further recommends, that the metals be loosely applied, that the connexion may be alternately closed and interrupted: but this is still worse; and, besides not answering the intention in view, I am confident that very few would bear this form of this remedy, and that in very many instances it would be highly injurious. It was obvious, then, that unless some means could be devised, by which the pain and irritation attending this method could be lessened, the object in view could not be obtained. The insertion of some soft conducting substance between the metals and the exposed surfaces suggested itself, as likely to obtain this desirable end; and, after many trials, a piece of moistened sponge was found to succeed, with the surface covered by a silver plate, and a bit of muscle freed from any portion of fat or cellular membrane, with that covered by the zinc. This difference was found necessary, from the different effect produced on the two surfaces: that communicating with the silver, affording a slight serosity, sufficient to keep the sponge moist, and to preserve the conducting power; while the surface in contact with the zinc did not afford sufficient moisture, and the intervening layer of sponge, in consequence, acted as a non-conductor. Many things were tried as substitutes for the bit of muscle; but this was the only substance found which could be depended on for maintaining a regularity of action for any length of time, without exciting uneasiness. By this arrangement, the principal difficulties which had at first presented themselves were surmounted; and it remained now only to adapt it to the purpose required, with as little inconvenience to the free motions of the body and the habits of life as possible.

"It was said, that, in order to fulfil the indication stated at the commencement of this section, it was desirable to establish a negative point as near the brain as possible, and a positive one, in some distant part of the body. Accordingly, a portion of the cuticle, of the size of a sixpence, being removed, by means of a small blister in the back of the neck, as close to the root of the hair as possible, and a similar portion in the hollow beneath, and on the inside of the knee, as the most convenient place: to the wound in the neck, a plate of silver, varying, according to the age of the patient, from the size of a sixpence to that of a half-crown, was applied; having affixed to its back part a handle or shank, and to its lower edge, and parallel with the shank, a small staple, to which the conducting wire was fastened. This wire descended the back till it reached a belt of chamois leather, buttoned round the waist; it then followed the course of the belt, to which it was attached, till it arrived opposite the groin on the side it was wished to be used; it then passed down the inside of the thigh, and was fastened to the zinc plate in the same manner as to the silver one. The apparatus so contrived was thus applied: A small bit of sponge moistened in water, and corresponding in size to the aperture in the neck, was first placed directly upon it; over this a larger bit of sponge, of the same size as the metallic plate, also wetted, was laid; and next to this the plate itself, which was secured in its situation by a strip of sticking-plaster* passed through the shank on its

* The plaster I have generally used consists of equal parts of lytharge and soap plasters, with the addition of a very small quantity of resin, to render it a little

back, another above, and another below it. If these be properly placed and the wire which passes down the back be allowed sufficient room that it may not drag, the plate will not be moved from its position by any ordinary motion of the body. The zinc plate was fastened in the same manner; but, in place of the second layer of sponge, a bit of muscle, answering in size to the zinc plate, was interposed: that is, a small bit of moistened sponge being first fitted to the aperture below the knee, the piece of muscle, also wetted, then followed; and on this the plate of zinc. The apparatus thus arranged will continue in gentle and uninterrupted action from twelve to twenty-four hours, according to circumstances. This last is the longest period that it can be allowed to go unremoved. The sores require cleaning and dressing, and the surface of the zinc becomes covered with a thick oxyde, which must be removed, to restore its freedom of action: this may be done by scraping or polishing. But it will be better if removed twice a-day, both for the greater security of a permanent action, and for the additional comfort of the patient."

For more particular directions on this subject, we refer the reader to the work.

The same motives that made us pass such unqualified censure on the contents of the first part of this book, lead us now to express our sentiments of approbation of that we have just alluded to. There is much ingenuity in the application of the author's remedy; and, if it proves as efficacious in the cure of epilepsy as he anticipates, he need desire no other claim to the esteem of the public, as well as of his professional brethren. The errors we pointed out at the commencement of his work, are such as mark all those not directed by the spirit that dictated the axiom with which one of our truly philosophic treatises on Pathology commences, "*All human science is a knowledge of the qualities and order of phenomena.*" With this we must be content in physiology; and, since the best-informed men in other branches of science contemn "the explicit assertion both of Moses and Solomon," and profess the Pythagorean, or the Copernican, as it is called, doctrine of the relation of the motion of our sun and the earth, we may be allowed in physiology to think, contrary to the opinion of Mr. Mansford, that their assertion on this subject does not demand our assent; and that some respect is due to those men who think proper to reason on the sensible phenomena of the human body, as they do on those of nature in general.

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more adhesive. This plaster is clean in its appearance, and seldom irritates the skin by long use.

CRITICAL ANALYSIS

OF

RECENT PUBLICATIONS, IN THE DIFFERENT BRANCHES OF MEDICINE AND SURGERY;

SELECT MEMOIRS, AND HISTORIES OF CASES;

In the Literature of Foreign Nations.

Πατρίδος ἄρα
Ανδράσιν, ὦ πατραῖς ἄνδρες, ἀγαλλόμεθα.

Discourses on the Elements of Therapeutics and Materia Medica. By NICHOLAS CHAPMAN, M.D. Professor of the Institutes and Practice of Physic and Clinical Practice in the University of Pennsylvania, &c. 2 vols. 8vo. 1817 and 1819.

[*Concluded from p.* 430.]

IN fever, when the intestinal canal is not primarily affected, and when the functions of the liver are deranged, Dr. Chapman judiciously advocates the use of purgative remedies; but he slightingly notices the practice of treating typhous fever by purgatives solely, which has of late been "much the vogue." In most of the cutaneous diseases of an inflammatory character, he advocates the use of laxatives: he has pursued the purgative plan invariably in scarlatina, as it ordinarily occurs in the United States, with the occasional use of the lancet; and he has "always had abundant reason to be satisfied with its efficacy. It has appeared to be calculated, not only to cure the disease in a more summary manner than any other mode of treatment, but likewise to afford the best means of preventing dropsical swellings and other derangements of health, or of removing them, when, by negligence or unskilfulness, they have been permitted to take place."

In some forms of acute rheumatism of long duration, when venesection fails to afford relief, even "augmenting the excitability of the vessels, and thereby aggravating the mischief," Dr. Chapman has found that active purging will occasionally prove of great advantage. "It seems, more than any other remedy, to quiet the mobility of the arteries, and to diffuse the excitement over the system, which, in this case, is chiefly concentrated in the blood-vessels."

After noticing the connexion often observed between rheumatism and cholera, dysentery, and other affections of the bowels, the author continues to remark, "Nothing, indeed, is more common in the practice of physic, than to see rheumatism suspended, or even cured, by diarrhœa, spontaneously induced. Taught by this fact, the course which nature points out, I have often imitated it, in the treatment of the more obstinate and protracted cases of the disease before us, and have had much reason to be satisfied with the results."

Modern practitioners, in general, are too little disposed to attend to

indications of this kind; or, if they do attend to them, it is without considering the periods of diseases at which these spontaneous salutary revulsions take place;—a point of the utmost importance, and so carefully studied by the ancients.

The results of accurate observance and judicious reflection may be usefully adduced, although they may not be novel, especially when they tend to complete the destruction of deeply-rooted prejudices: we therefore transcribe Dr. Chapman's remarks on the use of this remedy in gout. "I have now," he says, "for several years, habitually employed purgatives in the paroxysms of gout, and with equivocal advantage. Not content with simply opening the bowels, I completely evacuate, by active purgings, the entire alimentary canal. This being accomplished, all the distressing sensations of the stomach which I have mentioned, are removed, the pain and inflammation of the limb gradually subside, and the paroxysm, thus broken, speedily passes away. To effect these purposes, however, it is often necessary to recur to the remedy repeatedly."

We have ourselves sometimes observed, that the pain has been alleviated by this mode of treatment, though the swelling and inflammation has continued apparently stationary for some time afterwards, results exactly similar to what ensue from the *appropriate* use of cold topical applications.* On this subject we witness, in a particular manner, the neglect, and even reprobation, of a useful remedy, because the views of the proposer of it have not been correctly discerned.

On the subjects of apoplexy, palsy, hydrocephalus, and mania, the author evinces an intimate acquaintance with the latest observations published on this side of the Atlantic; and adds his testimony to that of our best authors in favour of the use of purgatives in those diseases. In palsy, especially, he has carried it to a considerable extent, and with the most happy results: but here, as well as in mania, it is often not only necessary, Dr. Chapman says, to excite catharsis, but to give "large doses of drastic cathartics, so as violently to gripe, and otherwise harass and torment, the bowels." It is by this intense counter-irritation that, in the more severe cases of mania, the morbid action must be diverted from the head; and it is probably thus that the spirit of turpentine acts so beneficially in many cases of epileptic insanity. The same views regulate the treatment of chorea. Dr. Chapman thinks there is scarcely any chronic affection of long standing that yields more readily to any plan of treatment, than chorea does to purgatives; but, in order to effect this, "the impression once made on the bowels is never to be permitted wholly to subside. Without this is done, relapses are apt to take place, and we lose all which we had previously gained."

Epilepsy, the author considers to arise very frequently from disorder of the alimentary canal; and here, too, "cathartics must be re-

* See the very ingenious dissertations on Sensation, by Mr. Smith of Bristol, in the xxvth and xxvith volumes of this Journal, for some highly interesting illustrations of this subject.

peated day after day, without interruption, unless imperiously forbid by peculiar circumstances. By continuing this course for several months successively, I have cured several cases of the disease completely, and afforded considerable relief in some others." The author, of course, employs auxiliary measures, according to the indications of the symptoms.

So many instances of the good effects of purgatives in the treatment of tetanus have been lately published, that we need not dwell on this subject any longer than to say, that Dr. Chapman's observations, as well as his reasoning, have pointed out their utility in that affection. He makes some remarks on the too indiscriminate use of drastic cathartics in dropsy: "Every practitioner," he says, "has seen it associated with fever, and no inconsiderable degree of even inflammatory action, [an origin of the disease by no means of recent discovery, since it was distinctly noticed by Stahl.] Exactly as the case assumes this aspect, does it indicate the use of the *lancet*, the saline purgatives, and especially the soluble, or cremor, tartar. But, in the selection of cathartics, it is much more common to prefer the drastic species, or what were formerly called hydragogues. Medicines of this character are indisputably mischievous under the circumstances mentioned, and are only advisable where the alimentary canal is torpid, the habit generally phlegmatic, without fever or local visceral disease."

In their application to hysteria and chlorosis, Dr. Chapman, as on many points already noticed, coincides in opinion with the author of the work on Purgatives; but, though there is this similarity of sentiments, it is not from Dr. Chapman having borrowed from Dr. Hamilton, as might be supposed; since, nearly twenty years ago, he read a paper before the Medical Society of Philadelphia, in which his doctrine of the gastric origin of those and other diseases to which we have alluded, and the propriety of the use of purgatives in their treatment, was distinctly advanced.

Many of Dr. Chapman's most valuable observations and reflections are dispersed in his discourses on the application of the particular species of each class of remedies: this obliges us to adduce some detached passages from these, although we cannot give a regular analysis of the whole. The following remarks, although made with so much earnestness by HIPPOCRATES, and appreciated by all good observers, are not generally acknowledged:

"It is a very curious fact, but one fully confirmed by experience, that, urged to any extent, evacuations from the bowels are found, in the complaints of the lungs, always mischievous; and, in some cases, so injurious as to be wholly inadmissible. Even in pleurisy, we cannot purge with the same freedom as in other cases of acute inflammation. But, in the chronic pneumonic affections, and especially in pulmonary consumption, the system immediately sinks under the operation of purgatives; and hence we are so careful to restrain diarrhœa in this disease."

Dr. Chapman speaks in very favourable terms of the use of olive-oil as a laxative. It is commonly employed in France, especially during pregnancy; and is certainly a mild, agreeable, and efficacious medicine

on those occasions. Many old nurses in this country recommend it for the same purpose; but it is, we believe, bu rarely prescribed by medical practitioners.

Charcoal is another medicine, respecting which the author thinks more favourably than most other physicians; as a laxative, as well as to correct the disordered state of the contents of the intestinal canal, "in acidity of the stomach, in pyrosis, and in some of the stages of dysentery, when the stools are acrid and highly offensive."

Dr. Chapman speaks of the *black hellebore* as the species employed by the Greeks in mania; but here he is not correct: various passages in Pliny, and in Aulus Gellius, show that it was the *white* species they employed in the treatment of that disease.

We shall wholly pass over the discourses on *diuretics* and *diaphoretics*, although they contain many dispersed observations possessing some originality; but we have not much more space to allot to this review, and this must be principally given to the dissertations on the *diffusible stimulants*. We premise a few extracts from those on *expectorants* and on *emmenagogues*. The following aphorism respecting the use of the former, is consonant with some remarks already adduced: we need not apologize for transcribing it.

"Carefully avoid purging, as remarked on a former occasion, none of the complaints of the lungs will bear this evacuation to any extent. Besides which, the action of the secretory vessels of the lungs and intestines, would seem to be alternate and opposed. Expectoration, at least, is uniformly suppressed or diminished by diarrhœa or by purging."

The decoction of the inner bark of the red elm, (*ulmus* of Linnæus, Tournefort, and Jussieu; *ulmus rubra*, of Mecklenburgh;) has been recommended in this country in dysenteric affections; but, we believe, its efficacy has never had a fair trial. Dr. Chapman says, "It is known to many, that the late Dr. Grant, of Virginia, had for nearly half a century an unrivalled reputation in the part of the country where he resided, in the management of dysentery. As he once informed me, his practice consisted in little more than purging moderately in the commencement of the case, and subsequently pouring in very freely the elm mucilage. By this alone, he declared, that the bloody stools, tormina, tenesmus, &c. were more speedily removed than by the ordinary remedies. Even admitting that one-half of this statement is correct, the article will still appear to be strongly deserving of attention."

Dr. Chapman, as we stated on a former occasion, considers the menstrual fluid to be a *secretion*; but, although his physiological reflections on the nature and apparent causes of the functions producing it are in general judicious, his arguments in favour of a secretory action of the vessels of the uterus, seem to us to indicate no more than what occurs in all the *exhalations*;—a distinction made by Bichat, that is not, it seems, generally understood.

The *polygala senega* was discovered by Dr. Hartshorne of Philadelphia, the author says, to possess admirable properties as an emmenagogue: Dr. Chapman has given it a trial "to a considerable extent,

and with sufficient success to warrant me in recommending it as one of the most active, certain, and valuable, of the emmenagogues." Next to this, he seems to place the *juniperus sabina*. The latter we know, from observation, to be a valuable remedy in many cases to which it is not commonly applied; but it requires so much caution in its use, and, if any thing like inflammatory action be present in persons of a vigorous habit, is so hazardous a remedy, that it is not probable it will ever be extensively employed.

The savine seems to act by exciting especially the sensibility of the uterus; and, since there are many cases of amenorrhœa in which this is really the proper indication for the treatment, we cannot too far extend our knowledge of substances apparently possessing the same power. Dr. GRANVILLE, some years since, in a paper inserted in this Journal, spoke in favourable terms of the efficacy of madder in that respect; but it has not, we believe, received a full trial, perhaps from CULLEN having expressed so unfavourable an opinion respecting its use. Dr. BARTON, of Philadelphia, is disposed to think it efficacious: he says, "I have so frequently observed it to show considerable effects upon the uterus, that it is without any degree of hesitation that I speak of it as a remedy worthy of the attention of practitioners. It appears to me to be suited both to cases of retention and suppression of the menses, though it is chiefly in the latter condition that I have employed it."

After some remarks on the cases in which it is advisable to depress action, for the removal of this affection, and on the treatment of dysmenorrhœa, Dr. Chapman says, "After all, however, we are not to lose sight of the use of mercury in this disease (amenorrhœa): by a moderate salivation, continued for a week or two, we shall sometimes succeed in curing it, in its different forms, when every other mode of treatment has failed."

Dr. Chapman commences his discourse on the *diffusible stimulants*, by observing, that, "in relation to general stimulants, there is a distinction too important to be overlooked. As formerly remarked, we have a set distinguished by great diffusibility, and which, nearly as soon as exhibited, occasion universal excitement over the body; and there is a second section, by which tone is imparted, though very slowly, and only by a long-continued administration. The diffusible are very transient in their effects; while such as are more gradual in their operation, produce permanent or enduring impressions, and are called tonics." The division thus marked out is, then, that adopted by the author. We have already expressed our opinions respecting its propriety, and have shown that Dr. Chapman is aware that it does not rest on a solid and physiological foundation.

"In discussing the properties of the first class," he adds, "it has been usual of late to arrange the articles under the two heads of narcotics and antispasmodics. But the latter term is an exceedingly vague one, and to which it is not easy to attach any definite idea." From the opposite states of the system in which spasms occur, he shows that, in one view, we should treat, under the head of antispasmodics, of all the stimulating and tonic remedies; and, in another, of those that are directly evacuant and depletory.

After some remarks on the controversy carried on, especially during the latter part of the last century, respecting the immediate effects of the narcotic medicines, he advances his own opinions, which do not bear the character of precision generally evident in his reasonings; for, although he considers that the immediate agency of those substances is really excitant in certain doses, he says, "by a large dose, debility, without any previous excitement, is occasioned; or, if there be excitement, it is so transient and evanescent as not to be perceived; and, when the effect goes off, there are tremors, sickness, head-ach, and oppression. Taken in excess, the system at once sinks under the impression, and the consequences are either wild delirium, or a heavy stupor, deep, difficult, and stertorous respiration, convulsions, apoplexy, or paralysis, and ultimately death."

It is quite inconceivable how a substance, which is stimulant in a moderate dose, can be immediately sedative in a larger one. But, perhaps, Dr. Chapman does not mean to signify that it is locally, but generally, so. This may be readily thus explained: the larger dose, by producing an intense concentration of the vital powers in the part to which the substance is applied, deprives the rest of the system of nearly or entirely all its vital powers: the consequence is immediate debility. Thus, a gall-stone, on passing the biliary duct, (which must, of course, be considered a local stimulant,) will produce immediately coldness of the whole surface of the body, dimness of sight, almost total loss of voluntary power, tremors, and finally syncope, or even instant death, without any organic lesion; an instance of which has recently occurred to our knowledge. An excessive dose of alcohol has been known to produce similar effects. It must be observed, too, that excessive afflux of blood to the brain, by causing compression of that organ, will produce symptoms similar to those considered to be signs of the immediately sedative agency of the narcotic substances.

As we have not yet given a specimen of Dr. Chapman's aphorisms respecting the use of particular remedies, many of which are really excellent, and some of them oracular, we shall do so on the present occasion; as it will save us the trouble of making our own abstract of his precepts for the use of the class of medicines under immediate consideration.

"1. It will generally be found best to begin with small doses, though we are to recollect that the action of these medicines, by repetition, is more rapidly lessened than any other; so that, in a short time, the doses require to be considerably augmented. Exceptions, however, exist to the precept which I have inculcated. Cases of typhous fever, and some of the neuroses especially, are marked by such a loss of susceptibility to impression, that we are called upon, even in the early stages of these disorders, to exhibit stimulants freely.

"2. It is wrong to combine many of these articles in one prescription, or to use any number of them at the same time. By directing them separately, or nearly so, we economize our resources in protracted diseases; and, probably, also make a more distinct and power-

ful impression. Where it is expedient to deviate from this course, we should be careful to select such articles as are calculated to co-operate to the same end. Much is sometimes gained by harmony in the action of medicines.

"3. It is advisable to change occasionally the part of the body to which we apply stimulants; as sensibility will be left in one place to a medicine, when completely exhausted in another. This is a principle of very extensive application in the practice of our profession. The excitability of the stomach being worn out, we should make an application to the bowels or skin. We have the propriety of this practice exemplified in the use of opium. Numerous are the cases when, after it cannot be any longer given with advantage by the stomach, it will act very efficaciously, if injected into the rectum.

"4. In the administration of stimuli, (as indeed of all medicines, but more especially stimuli,) we should endeavour to graduate the article to the state of the excitability. This is a point of infinitely greater importance than is commonly imagined. Between certain conditions of the system and certain medicines there would seem to be an affinity or relation, which, when consulted, often leads to decisive advantages. It is not always that the most active article produces the greatest effects. Castor-oil will sometimes purge, when a drastic cathartic proves wholly inert. In the low states of disease, I have witnessed, in some instances, more effects from wine-whey than strong toddy. This proceeds from the article being in unison with the condition of the system."

We shall select two subjects from the discourses on *the practical application of stimulants*, the *carbonate of ammonia*, and *opium*, for a partial analysis; since the consideration of the whole would extend this article much farther than can be permitted.

In typhous fever, after the increased or inflammatory actions have subsided, and when much and increasing debility comes on, Dr. Chapman thinks very favourably of the powers of the carbonate of ammonia. Cinchona, on those occasions, especially when the stomach is particularly inactive, we have often found to be productive of no benefit; and it frequently produces nausea and diarrhœa. Wine, too, sometimes affects the brain in an unpleasant way, causing delirium: here the remedy Dr. Chapman advises is of remarkable utility, and cannot, we think, be superseded by any other with which we are acquainted. Great caution is, however, required in its use, especially when there has been gastric inflammation. The muriatic acid is the medicine most generally resorted to on those occasions, by a physician in London, of extensive practice in typhous fever; and it is, perhaps, in general, the most safe and appropriate remedy.

"In districts subject to intermittent fevers," the author observes, "a species of pleurisy often prevails, which, seizing on the emaciated frames of the wretched inhabitants of such situations, is comparatively a feeble state of disease. Bleeding here, more than once, cannot be borne; and, soon after, the volatile alkali, and other stimulants, become necessary. The pneumonia of persons advanced in life, or of exceedingly delicate and debilitated constitutions, affords a second

example where our medicine may be early employed. To deplete to any extent, under such circumstances, would be fatal; and sometimes, even from the commencement, we are compelled to resort to stimulants, among which no one is so proper as the carbonate of ammonia with opium."

In the winter epidemic of the United States, the *pneumonia typhoides*, it has been employed by the author with remarkable benefit.

Dr. Chapman notices the reports that have been made of the use of this medicine on the continent of Europe, especially in France, in apoplexy and palsy; but he says, "I confess I do not repose much confidence in these representations." Theory must here be silent. Experience has most clearly shown, that, by local bleeding after certain intervals, and the use of the carbonate of ammonia during the intermediate periods, many cases of paralysis have been benefitted in a very remarkable and peculiar manner. We are disposed to add our testimony in favour of these reports, having seen several cases of old persons of spare habit of body, who had suffered repeated attacks of paralysis, (hemiplegia in most instances, and generally with affection of the power of speech,) in quick succession, from which they had partially recovered; where local and general bleeding, regular and constant purging, blisters, &c. had not been of any apparent benefit; who, if not entirely relieved, have been preserved from fresh attacks, for several months, and even years, by being put on this plan of treatment. The increasing frequency of the attacks immediately previous to the adoption of this practice, would hardly permit a doubt of its efficacy. We have never had the means of ascertaining the nature of those cases by dissection; but we suspect, from the symptoms, that the fit depended on serous effusion in the cranium.

Dr. Chapman however says, "of palsy there is one variety, in which the carbonate of ammonia is unquestionably useful. It is the offspring of rheumatism. Being long affected by this disease, the muscles lose the power of contraction, and the extremities, if they be the seat of the complaint, of motion. Cases of this description have repeatedly come under my care, which so nearly resembled general palsy, [the history of the disease, we think, would in all cases clearly mark the distinction,] as not easily to be discriminated, though they may be generally known by more or less of pain or uneasiness, and particularly during damp and cloudy weather."

In the vomiting affecting drunkards and pregnant women, it is recommended by Dr. Chapman as of utility; and he particularly points out the advantage of choosing this, when stimulating remedies are resorted to in mixed or doubtful cases: that is, where inflammation is, or has recently been, present. Its effects are so evanescent, that, if given with caution, it can hardly be productive of much injury. We conclude this subject with the following passage; as Dr. Chapman is very far from being a *Brunonian*, it cannot be considered unworthy of serious attention.

"Not long before his death, the late Dr. Kuhn, who was one of the most sagacious and discriminating practitioners of this country, told me, (says the author,) with some emphasis of manner, that, after

an experience of nearly half a century, if he were called upon to say with what single remedy he had done most good, he would without hesitation name the volatile alkali, aided by wine-whey. After such praise from such authority, it surely would be superfluous to press this article on medical attention."

Opium the author considers so direct and powerful a stimulant, that "it would not be difficult to run the parallel to a considerable extent between it and wine." Almost every practitioner must have met with persons, to whom it is more exhilirating than wine; but in those persons, the consequent languor is proportionably great. Yet, Dr. Chapman observes, wine and opium can hardly be substituted for each other, their effects are so different. Perhaps this arises from the one affecting chiefly the nervous system, and the other the fibrous structure. However, it must not be forgotten, that, though a stimulant, Dr. Chapman says, that property "is so tempered by its power of assuaging pain and doing away irritation, that in many instances its effects are different; and hence it may be safely and efficaciously employed where, proceeding on common principles, it would be prohibited."

The author adds his testimony to the favourable opinions that have been entertained respecting the use of opium in intermittent fevers, in the cold stage especially; and in the hot stage even, in conformity with Lind, in cases where the patients are of a spare and asthenic habit. The following sentiments are bold; but, with a little modification, they may be of useful application.

"In typhoid pneumonia, whether original or induced by improper management of the inflammatory form of the disease, our medicine is indisputably one of the most decisively useful remedies. On this point no difference of opinion exists; and we may even go so far as to lay it down as a principle, that, in all the varieties or stages of pneumonia, where venesection is forbid or is an equivocal measure, opium should be employed; uniting with it small portions of ipecacuanha and calomel, or bringing into co-operation the volatile alkali, as the one or the other may seem to be preferable."

A physician of considerable reputation, now practising at Edinburgh, is said to treat nearly all cases of pneumonia with opium, in large doses, and to be remarkably successful in his practice. We think it proper to adduce these remarks; but we by no means advise the use of what we consider to be a very hazardous measure. The whole weight of the arguments in favour of the application of opium just alluded to, as well as some ingenious suggestions respecting the mode of using it, will be found in the treatise of Mr. Ward of Manchester.

Dr. Chapman terminates his remarks on the use of opium in gout, by noticing the cause of the death of Brown: he could hardly have concluded them in a better manner. In tetanus, he is not inclined to think very favourably of it; yet, he says, "it should be recollected that the few instances of tetanus which are reported to have been cured by opium, were by very unusually large doses." It should also be recollected, that, of the recorded cases which have terminated favour-

ably in England during the last twenty years, opium was exhibited in by far the greater proportion of them. In our opinion it is, if not the most efficacious remedy, distinctly considered, at least a very powerful auxiliary to blood-letting and purgatives. But Dr. Chapman is not disposed to think favourably of opium in any diseases of the class *neuroses*: he thinks these are most successfully managed by evacuations of the alimentary canal, and by venesection. When treating of the *mania à potu*, or, as Dr. Sutton terms it, *delirium tremens*, Dr. Chapman says, "the opiate treatment, claimed within the last few years, by several of the European writers, as a great practical improvement, has been known, and generally adopted in this city, as far back as recollection or traditional reports extend." We seem to owe the introduction of the practice to Dr. Young of Newcastle.

In *puerperal mania*, the author is not very warm in the praise of opium: he, however, thinks the disease "to be more frequently attended with extreme *nervous irritation* than *inflammatory* action. In the former state, I have seen the most manifest advantage from large and repeated doses of the tincture of hop, or the camphorated emulsion, where opium unequivocally aggravated the symptoms."

We shall adduce one or two more observations from this work, and then we must conclude. Dr. Chapman gives his testimony in the most unequivocal manner in favour of the use of *spider's web* in ague, so forcibly inculcated by Dr. Robert Jackson.* He says, "The spider's web has been for some time past pretty liberally prescribed by myself and several of my medical friends, and particularly by Dr. Physick and Dr. Dewees; and, though we attach different degrees of value to the article, are all satisfied that the representation of its virtues to which I have referred, (that of Dr. Jackson, in his work on Fever,) is very little, if at all, exaggerated."

The author's discourse on *mercury* is a highly valuable part of the work; not that it contains much that is novel, but from the methodic and comprehensive manner in which the subject is treated, and the judicious pathological and practical remarks with which it abounds. In regard to *venereal diseases*, Dr. Chapman nearly coincides in opinion with Mr. Carmichael; though this seems to have arisen from original observation, not an adoption of the sentiments of that accurate observer.

If we have given any thing like a correct idea of the character of Dr. Chapman's Discourses, have furnished the reader with some useful hints, or impressed on his mind some good practical precepts, we have effected all that we attempted. It must be obvious that a regular and complete analysis of a work treating of the particular application of all the materia medica in general use, and comprising pathological observations and reflections on nearly all the diseases incident to the human body, could not be comprised in such an extent of space as is appropriate to the limits of our Journal. There is, however, one considerable fault in the work which we must point out, and which

* See *London Medical and Physical Journal*, vol. xxi. 353; xxii. 369.

has arisen from its bearing its original form of lectures. The author has but rarely referred to their sources the opinions he has adopted from others, and when he has done this, it has been merely nominally, without any express allusion to the writings in which they may be found: hence, those students who may desire to contemplate more fully the observations and opinions thus noticed, will have great difficulty in finding them; and, from many of them having been published in Journals, his enquiries will not often be attended with success. Some additional notes, the making of which would not have been attended with much trouble to the author, would have supplied the deficiency.

An Account of the Structure of the Brain and its Appendages. By Professor Lauth.

[*Continued from page* 339.]

§ I. Of the cerebrum. 3°. *The department of the crura.*—From the floor of the two lateral venticles, there arise the tubercles called the corpora striata and thalami of the optic nerves; which form together the superior portion of the organs known by the name of the *crura cerebri,* at the base of which these are situated. These organs, the tænia semicircularis, the third ventricle, with the anterior and posterior commissures, constitute the *department of the crura cerebri.*

A. *The corpora striata.*—The corpora striata are two large tubercles, placed at the anterior and exterior part of each ventricle, where they form two convex masses, large and spherical at their anterior extremity. Each of them becomes narrower as it passes backwards along the exterior margin of the thalamus opticus, and terminates in a point. They are composed of grey substance at their unconnected surface, but present inwardly stria of white and cineritious matter.

B. *The tænia semicircularis.*—At the internal margin of each corpus striatum, a band of about a line in diameter is seen, which has its origin in the anterior lobes of the cerebrum, passes at the side of the anterior pillar of the fornix, and is continued between the corpus striatum and the thalamus opticus, and descends under the inferior horn of the lateral ventricle, where it disappears. Vicq-d'Azyr* called this band *fibrous,* because fibres are seen in the thin membrane which covers its surface. Wenzel† attributes its colour, (yellowish) to a sort of lymph effused beneath this membrane.

C. *The thalami optici.*—The thalamus opticus is the second tubercle, situate in the lateral ventricle, within and behind the corpus striatum, at the interior margin of the tænia semicircularis; its surface is convex, extensive and spherical anteriorly; it becomes more contracted posteriorly and externally; its exterior margin is curved, the interior edge is rectilinear and turned towards the correspondent margin of the other thalamus; its substance is white outwardly, and becomes grey interiorly.

A tubercle of a smaller size is placed on the surface of each thalamus.

Between the interior margin of these two eminences, we find a grey substance, noticed by Haller, Sabatier, and Soemmering, and termed

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* *Traite d'Anat. et de Physiol.* pl. v. vi. viii. ix.
† *De Penit. Struct. Cereb.* p. 85.

the *soft commissure* by VICQ-D'AZR.* WENZEL† has found it larger in brute animals than in man, whence it is that the third ventricle in them is proportionably smaller.

The posterior and more contracted part of the thalamus opticus, descends with the inferior horn of the lateral ventricle, where it is divided, as REIL remarks, into two productions, one of which unites with the tænia semicircularis, and to the descending portion of the corpus callosum; the other goes down to the basis of the cerebrum, where it surrounds the crus cerebri, and is continuous with the optic nerve.

D. *The third ventricle.*—The corpora striata and the thalami optici are united towards the superior border of their internal margin, by means of the soft commissure above mentioned. When they are separated, we perceive the *third ventricle*, a canal extending from before backwards, below the fornix, and beneath the lateral ventricles, with which it communicates by means of the foramen in the septum lucidum. At each extremity of the third ventricle there is a hole; the anterior, called the *vulva*, leads to the *infundibulum*; and the posterior, termed the *anus*, is the commencement of the *aqueduct of Sylvius*.

E. *The commissures of the cerebrum.*—Above each hole in the third ventricle, there is a medullary cord, the fibres of which have a transverse direction. These two cords are called the *anterior* and *posterior commissures* of the cerebrum. They serve to establish a communication between the two lateral masses of this organ.

The anterior commissure, placed before the anterior pillars of the fornix, continues its course on each side, so as to form a sort of arcade, the convexity of which is direct anteriorly; and it terminates with a striated appearance in the anterior lobe of the cerebrum. On examining a hardened brain, REIL has found it like a nervous cord, which might be separated from the mass of this organ, in the interior of which there remains a canal after the cord has been drawn from it.

The posterior commissure, which is prolonged in the same manner in the cerebral mass, is curved inwardly without forming a white cord so decisively marked as the former.

F. *The crura cerebri.*—We have termed the corpora striata and the thalami optici the superior portion of the crura of the cerebrum; it is evident that they really form it when we examine the structure of these tubercles.

If we remove, by scraping it, the substance of the corpus striatum and the thalamus opticus, we find the interior of the former present a radiated appearance of white and grey substance, and that the interior of the thalamus opticus presents a grey cineritious appearance. When we arrive at the base of the two tubercles, a sort of packet presents itself, the central portion of which is grey; and this is surrounded by a white band, which another striated band of white and grey matter again envelops. This packet, composed of three portions, is bordered by a large band, of grey and white substance, arranged in rays directed towards the circumference of the anterior and middle lobes. After having traversed a certain extent, these rays end in the white and homogenous substance, terminated by the convolutions of the cerebrum.

* *Traite d'Anat. et de Phys.* pl. f. 1.
† *De Penit. Struct. Cereb.* p. 129.

Thus, the corpus striatum and the thalamus opticus are a nucleus from which arise radiations extended towards the hemisphere; or, reciprocally, the convolutions of the cerebrum, and the cerebral mass, at first white, and then radiated, are concentrated in the corpus striatum and the thalamus opticus.

If we now reverse the encephalon, we perceive, at its basis, the *crura cerebri*, or two medullary trunks coming from each hemisphere, in a direction from without inwardly, and from before backwardly. Each crus is encircled by the optic nerve, a large medullary cord, which descends from the lateral ventricle in a direction from behind forwardly. The crura are united, at an acute angle, towards the median line, to give origin to the pons of Varolius, of which they form the anterior and superior portion. Their inferior surface is white, and marked by longitudinal stria; when we scrape them, we find their substance become grey, and perceive in their interior a crescent of black or deep grey matter. We afterwards find, on continuing to scrape in the direction of the crura, white and grey stria, which VICQ-D'AZYR* termed a corded layer of white substance in the thalami optici, through which we discern the grey substance of the corpus striatum, which has received from REIL† the name of the radiated circle. We come then, proceeding from below upwards, to the corpus striatum and the thalamus opticus, which form the superior portion of the crura. We may consider these as the concentrated hemispheres, or rather, the hemispheres are an expansion of the crura. We shall, however, perceive, on taking a view of the plates of VIEUSSENS,‡ that the corded layer of VICQ-D'AZYR, and the radiated circle of Reil, are not a new discovery, but that the honour of having first discovered them is due to the physician of Montpelier, whose observations have only been developed in a more precise manner.

4°. *The appendix of the cerebrum.*—The cerebrum, at liberty in the osseous vase which encloses it, is connected by the *infundibulum*, to a gland enveloped in a fold of the dura mater; it is in this manner fixed to the cranium.

A. *The pituitary gland.*—The pituitary gland is a spherical body, lodged in the sella turcica, and placed between the laminæ of the dura mater, with the exception of its superior part, by which it communicates with the infundibulum. This body, of a reddish-grey colour, vascular, and tubulated, is composed of a peculiar substance, and was called a gland by the ancients, who believed its office to be, to transmit the pituita of the brain into the nasal cavities.

The moderns have advanced a multitude of opinions respecting this gland. MALACARNE§ found it to vary much in its situation, its volume, and its lobes. GALL‖ gives to it, as well as to the pineal gland, the appellation of a ganglion enveloping nervous filaments. It is considered by CARUS,¶ as the superior central ganglion of the ganglionic system; he found it** in the fœtus, very large, and similar to the brain. WEN-

* *Trait. d'Anat. et de Physiol.* pl. xii. xiii. xiv. xxi. xxii.
† *Archiv. für die Physiologie*, ix. 147, 259; tab. ix.
‡ *Neurographia*, c. 13; tab. xvi. B.
§ *Encefalotomia*, ii. No. 114.
‖ *Anat. et Physiol. du Cerveau*, i. 316.
¶ *Darstellung des Nervensystems*, p. 254, 269.
** *Ibid.* p. 282.

ZEL* divides it into two lobes, one small and anterior, the other large and posterior, and pretends that those two lobes are united by a membrane; he distinguishes in the great lobe, an external and red, and an internal and white, substance; he remarks in the small one, two little fossæ; one to the left, the other to the right, from each of which arises a little canal which goes to the posterior margin, by which the infundibulum is attached to it. He admits a relation between the pituitary and pineal glands, placed at the two extremities of the third ventricle; and asserts, that no part of the brain diminishes so much in old age as this gland. In many diseases, especially in those caused by grief, it has appeared to him to be softened, and converted into a hardly consistent pulp; and he attributes the causes of epilepsy to a morbid state of this body, to which he gives the name of the *appendix of the cerebrum.*† I have also occasionally found the pituitary gland in a diseased state; but the bodies of the epileptic patients which I have examined, have not furnished me with any determinate facts respecting it; the gland having been always found in a perfectly natural state.

B. *The infundibulum.*—The infundibulum is a conic pedicle, situate at the base of the cerebrum, before the mamillary eminences, and attached by its larger extremity to the cerebrum from which it appears to arise. By its smaller extremity, it is attached to the pituitary gland: its substance is of a reddish-grey colour. It was believed to be traversed by a canal destined to conduct the serum of the third ventricle into the pituitary gland. Modern anatomists assert that it is solid, because it is not filled when mercury is thrown into the third ventricle. VIEUSSENS,‡ however, assigns to it a spongy structure, because he observed that coloured alcohol passed into the third ventricle, was diffused in the pituitary gland. This opinion much resembles that which WENZEL§ has advanced, who saw the posterior lobe of the gland filled with mercury, after having introduced the syringe into the infundibulum, whilst the anterior lobe did not receive any of the metal. This author considers the pituitary gland as a secretory organ, which transmits its fluid, by the cellular substance of the infundibulum, to the third ventricle of the brain. According to this hypothesis, the commencement of the apparatus would be the gland, and the termination the infundibulum.

§ II. THE CEREBELLUM. The cerebellum is the posterior and inferior part of the mass of the encephalon. It is situate in the occipital fossæ, below the tentorium, which it is necessary to divide to discover it. The posterior lobes of the cerebrum, placed on the tentorium, above the cerebellum, are also extended more posteriorly than the latter. Its substance is both white and grey, and, like the cerebrum, the grey enters into the grooves, and envelops the convolutions of the white substance. The structure of this organ is more complex than that of the cerebrum, because of its lamellated disposition. It has been particularly well developed by MALACARNE‖ and REIL.¶ The cerebrum of the fœtus is

* *De Penit. Struct. Cereb.* p. 207, 236.
† *Beobachtungen übera den Hirnanhang*, 4to. Maine, 1810.
‡ *Neurographia*, c. 8.
§ *De Penit, Struct. Cereb.* p. 252.
‖ *Nuov. Esposizione della vera Struttura de Cervelelto Umano*, 8vo. Torino, 1776.
¶ *Archiv. für die Physiol.* viii. sq.

relatively less than the cerebrum, according to CARUS.* In vertebral animals, with the exception of the *Sepia*, ROLANDO† has found no difference between the cerebrum and cerebellum: whilst WENZEL‡ asserts that there is a greater than in man.

Externally, the cerebellum is divided into two *hemispheres*, united by an intermediate body, which is termed the *vermiform eminence*, (or process.) Each hemisphere presents two surfaces, the one *superior*, the other *inferior*. The middle of the latter presents along the vermiform eminence, a sort of groove, which is termed the *valley*, and is destined to lodge the medulla oblongata. The two surfaces are separated in each hemisphere by a *horizontal groove*. The superior surface is divided into two *lobes*, the one *anterior*, quadrilateral; the other *posterior*. There is, besides, on this surface, and towards the anterior extremity of the vermiform eminence, a common *central lobe*. The inferior surface presents three lobes, the *digastric*, the *soft*, and the *posterior*. Each lobe is subdivided into *lobules*, *folicles*,§ and *laminæ*.

The vermiform eminence is shorter than the hemispheres, whence arises a space between its anterior extremity and the latter, which is termed the *semilunar curvature;* as well as another space between its posterior extremity and the hemispheres, to which the name of the *saxiform curvature* has been given. According to its two surfaces, the eminence is itself divided into *superior* and inferior. The latter, placed in the middle of the valley, is parted out from before backwards in the following manner: the *transverse commissure;* the *transverse bands*, some of which are short and superficial, others long and deep-seated; the *pyramid;* the *plug*, and, lastly, the *uvula*, which forms the posterior extremity of the eminence.

There are some other parts still to be noticed in the valley. What are called the *amygdales*, are two globular bodies, situate between the concave surface of the digastric lobe, on one side, and the plug, the uvula, and the posterior valve, on the other side. The *floccules*‖ are two appendices, situate between the amygdales, the crus of the cerebellum, and the medulla oblongata. The two semicircular cavities, placed between the amygdales, the inferior transverse band, the plug, and the uvula, bear the name of the *swallows' nests*. The *posterior valve*, or *posterior veil*, is formed by two semilunar, medullary, laminæ, each of them running in a direction from the uvula towards the floccule. These laminæ were discovered by TARIN,¶ and called by him the *posterior, infe-*

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* *Darstellung des Gehirns*, p. 283.

† *Saggio della vera Struttura del Cervelle*, p. 14.

‡ *De Penit. Struct. Cereb.* p. 17.

§ The introduction of this term requires an apology; there is no word in the English language that expresses the meaning of the original; (*feuillets*, little leaves,) a single word for it is necessary, or at least very desirable; the translator has therefore been induced to adopt that alluded to.

‖ *Little tufts* or *tassels*.—The apology for the word *folicles* will apply to this. The translator must not be blamed for the barbarous language contained in this and the former articles on the same subject; (the intermixture of pure Latin with English words is expressly alluded to;) he has not thought it allowable for him to substitute new terms for any that custom had established: the use of the word *groove* for *sulcus*, and some other trifling ones, must be excepted.

¶ *Adversaria Anat.* p. 8.

rior, semilunar, valves. MALACARNE* also named them the *semilunar valves.*

Two modes have lately been pointed out for developing the interior structure of the cerebellum. The one, described by REIL,† consists in hardening it, and tearing it from the surface towards the centre, parting from the horizontal groove. In the other mode, we place, with GALL,‡ the point of the scalpel on the crus of the cerebrum, near the auditory nerve; we cut this, by a vertical stroke, in the direction of the crus, and we prolong the incision into the hemisphere, beyond the middle of which it should not pass, because the exterior two-thirds of it should remain undivided.

The *crus* of the cerebrum, is the medullary nucleus or trunk, which arises from the superior and interior portion of the hemisphere. It does not contain white matter solely; for, interiorly, and nearer the superior than the inferior surface, we find a grey substance, called the *rhomboid body; cineritious isle;* the *festooned, ciliary, dentated,* or *fringed, body.*§ This body is contained in a flattened capsule, from which it may be extracted; its form is triangular, and its summit directed forwardly. Each crus is divided into *branches, ramicles,* &c. generally designated by the term *arbor vitæ;* of which anatomists, the moderns especially, have not taken the trouble to give an exact description. These divisions may be thus displayed. As the surface of the cerebellum is composed of lobes, lobules, &c. so the crus is divided into branches, ramicles, &c.; and we perceive this construction, either on tearing it, according to Reil, by commencing at the horizontal groove; or by cutting it, according to the mode of Gall. On making these preparations, we see the two branches of the crus that terminate in the two lobes of the superior portion of the hemisphere, and the three branches which appertain to the inferior portion. The ramicles of each branch are directed towards their respective lobes, and their subdivisions towards the folicles and laminæ. MALACARNE, who enters into the most extensive details on this subject, makes the quadrilateral lobe to be composed of five lobules: the first formed of three folicles, the superior of which encloses the laminæ, &c. REIL asserts, that there is a sort of articulation which consists in one lamina being engaged between two others. It is from this cause, that the mass of the white substance is not diminished by subdivision. Here then, as in all the other parts of the cerebral organ, this substance is formed in the same place that it occupies, and it is derived, like the blood, from one and the same source.

The cerebellum, of which we have described the interior structure, has important communications with the three central organs of the encephalic mass, the two pontes, and the medulla oblongata. These communications consist in three medullary branches of considerable size, which come from the division of each of the crura of the cerebellum. The *posterior branches, testicular processes of the cerebellum, rising portion of the crura of the cerebellum,* and *columns of the medullary valve,* proceed from below upwards to the posterior tubercula quadrigemina,

* *Cerveletto,* No. 81.
† *Archiv. für die Physiol.* viii. p. 290.
‡ *Anat. et Physiol. du Cerveau,* i. p. 256.
§ The common term for it in the London schools is the *locus niger.* EDIT.

with which they unite by a white medullary cord: they are thin, roundish, and a little covered by floculent processes; the large valve is placed between them. The *lateral branches, middle portions,* or *third portions,* are the crura themselves, large and rounded, which traverse from the hemispheres to the pons of Varolius, of which they form an integral portion. The *anterior branches, spinal medullary processes of the cerebellum, peduncles,* or *columns of the medulla oblongata,* descend from the crus of the cerebellum, in the form of a thin, flat, ribbon, to terminate at the lateral margin of the medulla oblongata.

[*To be continued.*]

An Account of a Case of want of the Uterus, discovered on performing the Operation for imperforate Vagina; with some Remarks and corollary Observations. By George William Stein, Ordinary Professor at Bonn.*

The history of this interesting case is related with much minuteness by Professor Stein, particularly those points of it respecting the operation; apparently, from some fear that blame might be attached to him for his conduct on the occasion, because he had not sooner discovered the nature of the malformation: this, however, is really groundless. We shall here give only an abstract of it, and of the corollary instances adduced by Professor Stein; omitting, however, nothing that we consider to be important, either in a physiological or medical point of view.

A lady, twenty-four years of age, had been married five years without having ever menstruated; although the orgasm generally accompanying the appearance of the menses, with some distress about the pubes, had recurred at the ordinary periods. After having expected the establishment of this function until her hopes were almost lost, and perceiving her health to be a little on the decline, being affected with oppression of respiration, and occasional fits of fainting, she permitted a midwife to examine her, for the purpose of ascertaining if there existed any mechanical obstruction. A firm membrane, supposed to be the *hymen* in a state of unusual thickness, was detected; Professor Stein was consequently consulted. He describes the patient as presenting the most perfect characteristics of the female form: slender and delicate; with full breasts, a fair complexion; and an animated countenance, expressive of the finest sensibility: her manners were particularly delicate; and she seemed, indeed, to be a model for her species. On making a slight examination in the erect posture of the patient, the account of the midwife appeared to be correct; and the usual instruments were prepared for dividing the membrane in the ordinary way: but, on making pressure on it with the finger and scalpel, it retreated inwards, about half the common depth of the vagina, and it was then discovered that this membrane formed a sort of sac. But, from the characteristic habit of the lady, and the maladies she had experienced, no suspicion of a want of the uterus was entertained: it was considered that the sac had been originally a plane membrane of the kind so commonly met with in the vagina of females, which

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* *Ein höchst Seltener Fall eines gänzlichen Mangels des Uterus. Endeckt bei versuchter operation einer vermeintleih gewöknlichen Atresie und zur Warnung bei ähnlichem Vorhaben aufgestellt.* Read before the *Medicinisch-Chirurgische Gesellschaft* in Berlin.

had been stretched into its present form by sexual intercourse and by irritation, and from the same causes made to acquire the great thickness and firmness it presented. Difficulty attended the division of the end of this sac, from the firmness of its texture, and the narrowness of the vagina; but this was effected by making a perforation in it, and then bringing it down as far as possible by the finger introduced into the incision. A rather copious hæmorrhage ensued. The absence of the uterus was now discovered: on introducing the finger beyond the opening in the sac, it encountered a soft, spongy, penetrable, substance, evidently a mass of cellular tissue. Some similar cases, which Professor Stein found by searching literary records, which we shall immediately notice, with a subsequent examination, confirmed him in his former conclusion. The wound united very well by the use of bandages, &c. and no serious accident ensued.

We shall first adduce the account given by Theden of a case precisely similiar in character to that of Professor Stein; and then a description of the appearances discovered, on dissection, in two bodies, by Engel and Schmucker.

Theden's case was that of a young woman who had never menstruated, although the orgasm had regularly been manifest. Marriage was advised, as a probable means for remedying this disorder; and it was accordingly resorted to. An obstruction of the vagina was then detected: but the husband had, before Theden was consulted on the case, distended the obstructing membrane into a sort of pouch of the size of a hen's egg: this was hanging without the external orifice of the vagina, and was removed by incision. On introducing the finger behind the pubes, a cavity was discovered, terminated by a mass of cellular texture, through which the pressure of the intestines was supposed to be discerned; but not the smallest evidence of the existence of a uterus could be discovered. The incised parts united very well, and no accident is said to have ensued.

Schmucker, in his *Vermischte Schriften,* speaks of a body that was brought to him, which had been found in a field, presenting, externally, the female characteristics: the breasts were remarkably prominent; but the genital parts were of small size, and the orifice of the vagina closed by a membrane, externally, apparently a continuation of the skin. The uterus and vagina were wanting; the place which the former should have occupied, was filled with a mass of loose cellular texture, in which the ovaries and fallopian tubes were situated.

Engel's patient was also a woman whose habits were not known: it appears that the body accidentally came under his observation. The breasts were remarkably full; the orifice of the genitals was closed; there was neither vagina nor uterus: the ovaries and fallopian tubes were found attached to the bladder.

The physiological indications those cases furnish had been already pretty well ascertained; but they serve to confirm the opinion that it is the ovaries in which the menstrual orgasm originates, and which, by their influence, give to the woman her characteristics in respect to form and manners. When the ovaries have been originally wanting, the hermaphoditical character of the body generally has been constantly present: Pott describes the woman whose ovaries he excised from the groins, (presenting in the usual way of hernia,) mistaking them for diseased

glands, as having lost her feminine appearance; her breasts, which had been full, sunk away, she became more muscular, and altogether somewhat man-like.

The medical indications which the foregoing cases present are sufficiently obvious; and should not be forgotten. For, although instances of a preternatural membrane, called the hymen, closing the orifice of the vagina, are common, and such cases as that of Dr. Stein very rare, yet the latter may occur to any practitioner, and the termination of others may not be so fortunate. Those who read this, will, in future, on dividing the membrane alluded to, first make only such an opening as will admit a bougie; if examination with this proves satisfactory, the incision may be extended so as to admit a finger; and then the operation may be fully effected.

The History of a remarkable Case of Convulsive Affection. By Dr. Schroeder, of Thuringen.*

We generally offer some remarks on the subjects selected as worthy the attention of our readers, but on this interesting and extraordinary case we can form no satisfactory opinion: those of Dr. Schroeder are in opposition to the generally-received doctrine of *gout;* and yet they are rendered feasible by many points in the history of the disease, as well as of those attending its cure. We shall confine ourselves to a precise translation of the original.

Amalia Jaeger, seven years of age, a well-grown, blooming, lively girl, had, when four years old, a moveable, firm, tumor appear on the back of the hand. Several times a-day she has experienced in it, without any evident cause, a darting sensation, which runs along the arm like an *aura epileptica,* extending to the neck and face. The tongue then becomes stiff and hard, and the jaw affected with clonic spasms, which last a quarter of an hour. While the spasms continue she remains sensible, hearing all that is spoken without being able to speak. Three weeks since, a similar swelling appeared in the right knee; which, however, was dispersed by fumigation with mastich, amber, and juniper-berries, which the mother used as domestic remedies. The child then suffered an indeterminately periodical pain in the foot; which, however, came on in the night, and went off with a copious sweating. She was in other respects healthy; had a good appetite, a clean tongue, a natural daily motion of her bowels: but her sleep was very disturbed with startings during the presence of the pain.

There was much difficulty in ascertaining the nature of this case. There was no hereditary disposition to spasmodic affections in the family; worms had never been particularly observed; and but a single instance of the passing of a few ascarides from the patient had been remarked. She had an eruption on the head in early infancy, but no signs of scrofula were evident. The only cause that could with any probability be assigned for it, was *gout.* Her father had suffered very severely from gout

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* From the *Achter und Neunter Jahresbericht des Königl. Poliklinischen Instituts der Universität zu Berlin, von den Jahren* 1817 *und* 1818. Vom Prof. C. W. Hufeland. Journal der Practischen Heilkunde des Berlin. Junius, 1819.

for many years, and he had a son who died at the age of ten years, who had several times been confined to his bed by attacks of that disease. It seemed, then, probable that the disease was an imperfect form of gout, which was concentrated in the hand, and caused the spasmodic complaint, from the circumstances already noticed, and from the sweating always being followed by relief, and the tumor of the hand becoming smaller, and the spasms ceasing, when the knee became affected.

I therefore ordered, in the first instance, as a vermifuge, the *semen santonici*; and then, to correct the *dispositio arthritica*, the *resina guaiaci* and *extractum aconiti*, inwardly; and, as an outward application, an embrocation of *ol. petræ* and *terebinthinæ*, joined with the sulphur-bath; and, in case the digestion should be deranged by the medicines, that they should be changed for an infusion of valerian with bitters. No worms were evacuated; the swelling of the hand became much less; the pain in the right knee got more severe, and was accompanied by great general uneasiness, with heat and dryness of the skin, which terminated by a copious acid sweat. On this change in the character of the malady taking place, the spasmodic attacks disappeared; and, at length, the gouty affection also. The treatment was commenced on the 5th of June, and terminated on the 18th of July, when the disease was perfectly removed.

An Account of a Case in which Gastrotomy was performed. By Dr. Cayroche, of Mendes.

[*Bulletin de la Faculté de Médecine de Paris*, No. viii. 1819.]

We shall give our readers an abstract, rather than a full account, of the original history of this case: omitting, however, only those circumstances not essentially important in its medical relations.

Madame S—, 24 years of age, the mother of several children, of a sanguineo-choleric temperament, and of a robust habit, experienced, the 14th September, 1818, a sensation of weight about the stomach and inclination to vomit. With the view of inducing vomiting, she introduced into the œsophagus a silver fork, which excited so forcible a contraction in that canal, that it escaped from her hand and passed into the stomach.

The fork remained in the stomach during three months, without causing any other inconvenience than a sense of weight in that organ. Her ordinary physician being consulted at the end of this time, discovered that the handle of the fork was situate at the distance of two fingers' breadth above and a little to the right side of the umbilicus; whilst the prongs appeared to be placed in that part of the stomach below the liver. Madame S— ate and digested her food as well as usual; and the physician hoped that in the course of time the fork might become displaced, and pass by the intestines.

Towards the fifth month the patient suffered violent vomiting after indigestion; and at this instant the fork changed its position. The handle now was to be felt about two fingers' breadth above the umbilicus, and at the distance of two inches from the linea alba on the left side; the other extremity appeared to be situate in the right hypochondre, a little on that side of the vertebral column. From this time the patient became a prey to pains more or less severe, and she was perishing in a sensible

manner, although the appetite continued to be good, and the alvine and uterine evacuations regular. She in vain offered to submit to an operation, although its consequences might be dangerous: it was determined that the results of the natural efforts should be waited for.

A second attack of vomiting, which came on towards the end of the sixth month, was followed by tumefaction externally, which acquired in a few days considerable bulk. The tumor was of the size of a hen's egg, and very prominent, but without redness of the skin: it corresponded with one of the extremities of the fork, which could be made to perform oscillatory motions by pressure with the hands; these were attended with very severe pain. The patient now was obliged to keep her bed, as walking, or the erect position of the body, excited great uneasiness. A consultation of MM. Blauquet, Barbut, and Cayroche, was then called, and the operation of gastrotomy was thought advisable; but it was determined to obtain first the opinion of MM. Delpech and Fages, celebrated professors at the University of Montpellier. From the letter of these physicians, it appeared evident that they would themselves resort to the operation under similar circumstances; it was therefore determined that it should be performed by M. Cayroche.

On the 1st of May, 1819, at eight o'clock in the morning, the season being calm and the atmosphere a little clouded, M. Cayroche, attended by several distinguished persons, performed the operation in the following manner: The patient was placed on a mattress on a long table, and held in a fixed position by the assistants. The first incision was made in the skin with a convex bistoury, in the most prominent part of the tumor, from above downwards, and to the extent of two inches. The fibres of the left rectus muscle were then divided down to the peritoneum. Two small arteries were opened, but twisting them with pincers arrested the hæmorrhage. After being assured that the two surfaces of the peritoneum adhered, and having made the fork project by pressing on its posterior extremity, a third incision divided the paries of the stomach, and the fork was exposed. The prongs of it were so implanted in the substance of the stomach, that M. Cayroche was obliged to disengage them successively by dissection, in order to avoid laceration: this being terminated, the fork was readily removed. No hæmorrhage ensued from the wound of the stomach: only some wind, and a little gastric fluid mingled with frothy mucus, escaped. The wound was lightly dressed with a pledget of lint only. The fork was about eight inches and a half long (English measure), and at its greatest breadth it measured a little more than one inch: it weighed three ounces and fifty-eight grains; and it was covered with a hard blackish crust, which could not be removed without considerable friction.

In the afternoon eight ounces of blood were taken from the right arm, which presented the buffy coat; the coagulum floated in a large proportion of serum.

The 2d of May, the patient had passed the night in calmness, and had slept at different intervals; the morning passed without disturbance. Towards the evening traumatic fever was manifested. Fourteen ounces of blood were taken from the arm; it was less buffed than that of the preceding evening. The patient slept forty minutes after the bleeding. She experienced very intense thirst, which was appeased by giving her

from time to time a few spoonfuls of decoction of mallows, slightly acidulated with lemon-juice: part of this drink, however, passed by the wound, accompanied by colic pains, which disappeared on the escape of some flatus. The thirst was then appeased by moistening the mouth with some slices of orange. The wound was fomented, and dressed with simple lint.

The 3d of May, the patient had been in a state of repose during the greater part of the preceding night. The wound was but slightly painful, and suppuration well established; the patient could move about a little without uneasiness; a glyster of broth was given in the morning, and another soon after noon. Towards the approach of night the patient experienced a little general disturbance, and some colic pains in the bowels; the pulse was accelerated, the face a little coloured, and the respiration and speech a little obstructed. Another bleeding was thought advisable; but, as the patient expressed extreme repugnance to undergo it, it was omitted. The abdomen was fomented with warm linen, and a state of calmness soon returned. From this time neither liquids nor flatus escaped from the wound.

The 4th of May,—a calm night, though less so than the preceding one. No pain in the stomach or bowels; no fever. A glyster of broth morning and evening; which, as well as the former ones, all passed with the urine. The patient drank a ptisan of prunes at liberty; and even swallowed some of the pulp of them, without the consent of M. Cayroche.

On the 5th of May she had a natural fæcal evacuation.

On the 6th the patient began to take solid aliment. She can turn about, and lie in all situations; she desires to get up; and the wound is closing rapidly.

On the 14th of May, Madame S— came down stairs to dine with her family. The granulations in the wound are nearly on a level with the skin.

20th of May, complete cicatrization of the wound. Madame S— enjoys the most perfect health: she experiences no pain nor thrilling sensation, either in walking or during digestion. The tumefaction noticed before the operation has quite disappeared.

Observations respecting Cystoid Tumors, and the various Changes they undergo in the Human Body. [Extracted from a Memoir addressed to the *Athenée de Médecine* at Paris, by J. J. Rigal, First Surgeon to the Hospital of Gaillac, Department of Tarn, &c.*]

We adduce these observations as illustrations of the theory of Dr. Baron. The deep interest we feel respecting it, (participated, we hope, by our readers,) will, in future, incite us to collect with care every fact bearing any apparent relation to it. We omit, of course, the account of the operations performed by M. Rigal, in the cases we are about to relate, as well as some of his remarks on them, as not being intimately connected with the circumstance for which we ex-

* From the *Bibliotheque Medicale,* tome xliv.

pressly value his observations. M. Rigal, although evidently a well-informed surgeon in general, does not seem to be acquainted with any of the notions that have been entertained on the subject of his observations in England; for he prefaces his history of the cases with the queries—May an encysted tumor degenerate into, or become complicated with, cancer? Will the following cases serve at all to illustrate this question?

"*1st Case.*—Mrs. M—, of Lisle, 36 years of age, of a robust constitution, had for several years a moveable, hydatidical,* tumor, situate in the middle, anterior, and a little exterior, part of the right leg; from which, for a long time, she suffered no inconvenience. The tumor at length changed its character: it became hard, and increased in size, so that in the space of two years it occupied almost the whole extent of this extremity. The cutaneous veins were dilated, and became varicose; lancinating pains, at first occurring but rarely, began to be experienced; these pains increased, and became more frequent. The patient lost her sleep; the appetite became depraved, and the general health fell off from day to day. The centre of the tumor then became prominent; it opened, and a small quantity of sanious and fetid matter escaped: the edges of the ulcer which resulted from this became reversed, a black spot appeared in its centre, frequent hæmorrhage took place, the pains continued: every thing characterized a real cancer. On being consulted on the state of this woman by Dr. Compayre of Lisle, after having by a careful examination convinced myself that the tumor was in some degree moveable, although its base extended from an inch from the external ankle to an equal distance from the condyle of the tibia, I believed that I might propose an operation for its removal." This was consented to by the patient. The following is M. Rigal's description of the tumor: "The tumor, which weighed two pounds and a half, was found to present, in some points, a substance of a lardaceous consistence; in others, it was cartilaginous; whilst in the centre we found a cyst, of the size of a large egg, and full half a line in thickness, which had not undergone any alteration, and which was filled with concrete albuminous matter."

"*2d Case.*—Twenty years since, Madame d'Aires, of Mailhoc, was operated on by me with entire success (for she now enjoys good health,) for a cancer of the breast, which had commenced in the same manner as the foregoing case. The tumor, examined after the operation, offered the same characters as that of the former patient. There was a cyst in the centre, of the size of a rose-bud, not having undergone any alteration, and filled with an analogous substance. Madame d'Aires was then forty years of age: her menses had been interrupted for about four months, which was also the case with Mrs. M.; but they became re-established in both after the cure."

"*3d Case.*—Miss Icher, of Lisle, about 40 years of age, had a soft hydatidical tumor on the fore part of the right knee, which occasioned not the least inconvenience; but it having for a year past consider-

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* *Loupeuse* in the original: the cystoid tumor, which we term generally an hydatid, is signified.—Edit.

ably increased in size, and at the same time become hard and tuberculous, and causing lancinating pains, I was consulted: my advice was the operation."—"A cyst, filled with matter similar to suet, was remarked at its anterior part, not participating at all with that in the schirrous state; for I detached it with facility from the rest of the tumor."

It would be imprudent in us not to adduce the following remarks of M. Rigal on the nature and origin of those cysts. He says,

"The observations I have made will not permit me to admit, neither that those cysts are formed by the cellular tissue, as Louis thought, nor the similitude which Bichat established between them and the serous membranes. The latter are thin and transparent, penetrated with blood-vessels, nerves, and lymphatics: these cysts, on the contrary, are deprived of them; they are opaque, and often of more than a line in thickness. If they were formed by the cellular tissue, they would not be detached from it with so little difficulty as they are. These cysts are, like the crystalline, isolated in the centre of our organs and of the different parts of the body, without any vessel terminating them; they are attached to the parts in the midst of which they are situated only by a sort of gluten or filament, I know not of what nature, but they adhere but very feebly."—"Perhaps these cysts may owe their formation to effused coagulable lymph, which, by the compression exerted on them in so many ways by the surrounding parts, receive the form more or less round that they always possess. If it be asked how these cysts are nourished, I would reply, that we can say nothing positive on this subject; but that their filamentous and spongy nature render them adapted to absorb, and to become penetrated by, the fluids which are continually exhaled by the surrounding parts in contact with them, and with which they are in immediate relation. But do not let us carry these conjectures further, lest the cloud of hypotheses should obscure well-observed facts."

We have promised from time to time to offer to our readers an exposition of the medical doctrine prevalent in Italy at the existing period, and of the progress of the revolution that has recently taken place; but an inability to complete our sources for literary information, obliges us still to defer it to some future occasion. In the mean time, however, this interesting subject shall not be wholly neglected: in the next Number we shall give an analysis of the work of Rasori, which comprises the elements of the new doctrine; and this will be followed by those of the productions of the other authors who have adopted the same principles, and applied them to febrile diseases in general; the most important part of the subject will thus be embraced. At present, from the little space left in this Number, we shall only produce the following observations, as interesting pathological facts; and here, as well as on future occasions, we shall endeavour to elucidate any expressions relating to opinions not generally understood, by such remarks as our personal observations and literary acquirements may enable us to offer.

Some Pathological Observations; by Signor Dottore FRANCESCO QUAGLIA DI ALESSANDRIA.

A girl, 17 years of age, of a sanguine and very excitable temperament, was attacked, after amenorrhœa of six months' duration, with an acute pain in the left side of the chest, difficulty of respiration, cough, ardent synocha, a sense of audible tremor internally in the part in pain, and energetic vibration of the large arteries of the chest. Notwithstanding moderate bleeding,* and the use of the most powerful contra-stimulants,† as digitalis, distilled laurel-water,‡ the extracts of hyosciamus and of belladonna, nux vomica, prussic acid, and antimonial preparations,§ the disease pertinaciously continued, assumed a chronic form, and the aspect, indeed, of a thoracic angina. The use of general tepid baths, of sarsaparilla, and of mercurial frictions to the situation of the pain, were then also resorted to, but without any advantage; since, although that mode of treatment was continued during fourteen months, the disease was not yet conquered.

In this state the patient exposed herself to the impression of cold air; and, with great agitation, and feelings of great alarm, she had an access of convulsive asthma, whilst, after two similar paroxysms in the two following days, she was successively affected with trismus, tetanus, opisthotonos, emprosthotonos, pleurosthotonos, and various irregular convulsive attacks, causing her sometimes to dance, sometimes to leap or to walk about, sometimes to clamber up a wall, and sometimes to agitate and contort the limbs in various ways. The centre of these strange affections appeared to be the dorsal portion of the spinal marrow, (as my distinguished tutor BORDA, who was called to visit the patient, judiciously remarked,) since all the course of the dorsal vertebræ was painful, and a little swelled. The principal nerves of the left arm were become so sensible, that, on feeling the pulse, or on touching the hollow of the axilla, the point of the shoulder, and the scapula, the patient suddenly drew away the arm, complaining of severe pain, which extended from the point pressed on to the spinal column; and was seized with convulsions over the whole of the body. This did not happen on touching the right arm. We opened a vein, applied leeches along the dorsal vertebræ; and exhibited the extracts of hyosciamus and belladonna, assafœtida, the sulphate of zinc, the wild valerian, general tepid baths; and had frictions, made with equal

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* The abstraction of about eight or ten ounces, three or four times repeated, is, in Italy, in such a patient, considered a moderate blood-letting.—EDIT.

† For an explanation of this expression, see our review of Dr. Chapman's Discourses on Therapeutics.—EDIT.

‡ The principal medicinal qualities of this depend on the prussic acid it contains; and, as the strength of the latter preparation is so variable, even when made with considerable care, the laurel-water is, perhaps, the best mode of exhibiting that powerful medicine. Since the doctrine of RASORI has become prevalent, it has been a remedy commonly employed.—EDIT.

§ The tartar emetic is generally employed, and it is given in large doses, (for instance, from half a grain to a grain,) frequently repeated, as every two, three, or four hours: a considerable quantity will be thus borne without vomiting being excited after the first or second occurrence of that action.—EDIT.]

parts of oil of henbane-seeds and mercurial ointment, along the whole painful part of the spine. We, by this treatment, conquered the disease in the course of two months. But, from time to time, from some slight or unknown cause, she was affected with convulsions; and, at length, by some new exciting causes, with severe cough, great difficulty of respiration, and fever. I bled her four times, and gave her distilled laurel-water; and thus in a few days not only removed the new affection of the chest, and so perfectly extinguished all the remains of convulsions, that for a year since she has not experienced them.

The History of a Case of Disease of the Lungs. Related by a Disciple of the Clinical Medical School of Bologna.*

About the commencement of the year, the student S. G. born of healthy parents, and of a moderately robust temperament, after some gymnastic exercises, in which he engaged to an immoderate degree in early life, was suddenly affected with hæmoptysis; and many were the pounds of blood that he spat from his lungs. In the treatment of his disease, the most prompt contra-stimulant remedies were resorted to; bleeding was frequently repeated; with the external and internal use of ice, sulphuric acid, ipecacuanha, &c.; and with such constancy and courage, that he might consider it certain that it was by that alone that he had escaped from the danger he had undergone. Forty days after the cure of the former affection, he had a relapse, which was also removed by the same means. Although he afterwards took great care of his health, he could not escape a catarrh on the occurrence of the cold of winter. He returned again to this Clinical Institution, where he had formerly been rescued from death, but it was in vain: the use of antimonials, of the lauro-cerasus, ipecacuanha, lichen, poligala, &c. produced no benefit. The cough continued; became more obstinate; some febrile action came on at the turn of the evening, and he became manifestly emaciated in person. From these symptoms, and from the inefficacy of the medicines employed, which were sufficient evidences for the supposition of organic lesion, there appeared reason to believe that phthisis, so frequently the consequence of hæmoptysis, now existed. But, although the symptoms led to this afflicting diagnosis, there were no new indications for the mode of treatment: the continuance of the method already employed was only insisted on.

Whoever will recal to mind the sentiments of the best practitioners, will find them all agree in the opinion that phthisis is a low and chronic form of inflammation; and Morton, in the cure of it, recommends bleeding, which, "*ad flammam hecticam latescentem in sanguine vel extinguendam magis conducit;*" and he expressly asserts, that it happens that "*multi a peripneumonia, catarrhis communibus, aliisque ejusmodi morbis in fatales phthises præcipites ruunt, eo quod ex incuria medici, vel etiam ægri et adstantium amicorum metu sanguis non satis tempestive vel frequenter vel copiose per venæsectionem fuerit detractus.*"

* The doctrine professed there is that of Rasori, developed and illustrated by Professor Tommassini, whose eminent talents have given to it a character that has insured its success in Italy.—Edit.

With bleeding he desires to be joined purgatives, mucilages, diaphoretics, &c.; amongst which, he recommends that "*cæteris præferantur ea quæ minimum caloris et acrimoniæ sanguini impertiant.*" Stoll, too, in the cure of this disease, says, that "*venæ sectiones morbo et viribus ægri respondentes, decocta herbarum et radicum emollentium, emulsa et victus mere vegetabilis omnibus aliis remediis palmam preripiunt.*" And Morgagni, in his venerable treatise *De Sedibus et Causis Morborum*, which has so much contributed to aggrandize Italian medicine; and Portal, Lieutaud, Bonetus, and Bartholinus, and many others of similar character, all confess that they have witnessed in those who have died of that disease, the lungs inflamed, with suppuration, ulceration, &c. but never to have found an opposite condition. From these considerations, we exhibited the extract of aconite, and other species of contra-stimulants, in such doses as could be borne by the system generally, which was already gradually verging to a state the opposite of that of the affected viscera; and we permitted the patient to take such food as, without aggravating the disease, might afford to him light and necessary nutriment. But all these means were used in vain; it already acquired the state which necessarily ends in destruction. It was very afflicting to see this unhappy fellow, a short time since in vigorous health, become so soon reduced, and so early in life fall into extreme languor; his countenance showing the paleness of death; his body cold; his skin of a waxen colour; his pulse almost extinct, though showing very slight signs of febrile action. Nothing indicated inflammation in any part: the only evident signs, we may indeed say, of disease, were the very gentle progress of decline, the languid voice, and great difficulty of respiration. But, what opposite appearances to such langour of action presented themselves on dissection of the body! The lungs showed the characters of violent inflammation; the whole of their surface and the most intimate parts of their parenchymatous structure, was of a red colour, as if injected with minium; and they adhered to the sides of the chest and to the diaphragm, by recent and still fresh bands and vegetations. A person who was ignorant of the state in which the patient had been, would have necessarily believed those organs to have been those of a robust athletic man, who had died in the early stage of a most acute attack of pneumonia. I believe that, by reasoning on those circumstances, two conclusions may be drawn, which accord so well with the maxims of the new doctrine: that, even in the midst of the most desolating privation of physiological vigour, partial phlogosis may arise, be maintained, and increase until it destroys the structure of the organ it affects; and that it is wrong to argue that all diagnostic judgment should be formed from the external appearances; for what has been described shows clearly that the greatest decline of physiological power of the general system, and a most violent degree of local inflammation internally, may be combined.

Medical and Philosophical Intelligence.

PROCEEDINGS *of the Royal Society of Edinburgh, Feb.* 15, 1819.—The continuation of a paper, by Dr. WILLIAM ALISON, was read, entitled "Observations on some late Inquiries into the Physiology of the Nervous System; particularly into its Connexion with Muscular Motion, Secretion, and Animal Heat."

"The leading doctrine of this paper is, that there is no proof in the writings of physiologists, of the nervous system being essentially concerned in any of those functions of the living body which are performed without the intervention or consciousness of the mind,—that is, in any of the functions which constitute the organic life of Bichat and others; that the direct dependance of any of these functions, or any agency of the nervous system, is, in the present state of our knowledge, an hypothesis, unsupported by direct facts, and contradicted by much probable evidence; and that the office of the nervous system, in the natural and healthy state, may be said to be merely to minister to the wants of the mind, and maintain the connexion between mind and body.

The author arrives at this conclusion from an examination of the different classes of facts which have been at different times ascertained by physiologists, in regard to the connexion of changes in the nervous system, with muscular motion, secretion, and animal heat. In regard to the first of these, it appears clearly that two kinds of effects upon muscles have been observed to result from changes in the nervous system:

1. That the contractions of many muscles may be directly excited by such changes; and 2. that the irritability, or tendency to contraction in certain given circumstances, of all muscles, may be variously modified by such changes. The first kind of agency appears to be exerted solely on the voluntary, the last chiefly on the involuntary, muscles. But it likewise appears, from all the facts hitherto ascertained on the subject, that the irritability of muscular fibres on the living body is inherent with themselves, and is in no case directly dependent on any agency of nerves. So far there is no material difference between the doctrine here maintained and that of HALLER and his followers, which has been lately espoused, and strongly supported, by Dr. Wilson Philip.

The observations made by this last gentleman on the different effects of physical agents, applied to large and to small portions of the brain, on the two great classes of muscular organs; the former affecting chiefly the actions of the involuntary, and the latter particularly when touching the origins of the nerves exciting the voluntary muscles; have induced the author of this paper to add one to the many conjectures already hazarded in regard to the use of the ganglia and of the great sympathetic nerve, from which the involuntary nerves are chiefly, and many of the voluntary are partly, supplied. These he supposes to concentrate and to increase the influence, upon the organs which they supply, of changes which extend to large portions of the nervous system, by those sensations, emotions, and passions of mind, which are known particularly to affect these muscles, both voluntary and involuntary, which are supplied with nerves from the ganglia; and thence concludes, that the transmission of the

effect of such things may be the principal object of this arrangement of nerves.

In regard to the connexion of the nervous system with secretion, the author contends, in opposition to several eminent physiologists, 1, that the nature of the actions of nerves is probably not galvanic; and, 2, even if they be galvanic, that these actions appear, from facts already known, not to be essentially concerned in secretion. And, in regard to its connexion with animal heat, he contends, 1, that no necessary connexion between the evolution of animal heat and any influence that can be derived from the nerves, has been established by the recent enquiries on this subject; and, 2, that the other cause, commonly assigned, since the time of Black and Crawford, for this function of animals, certainly exists, and is adequate to the explanation of the phenomena.

If it can be ascertained, by this kind of examination of the facts ascertained in this department of physiology, what functions are merely subject to the occasional control, and what are permanently dependant on the condition of the nervous system, the author conceives that two advantages to the science will result: 1, That greater simplicity and precision will be given to our views of the office of the nervous system; and, 2, that a more systematic arrangement of the science than has been usually attempted, will be authorized.

The animal life of Bichat,—sensation, thought, voluntary and instinctive motion, are manifestly dependant on the condition of the nervous system, and therefore on the functions of organic life, by which that condition is maintained. What may be called the chemical functions of organic life,—secretion, nutrition, &c. are manifestly dependant on the vital property of irritability, is residing in the muscles of involuntary motion; but this property of irritability has only an indirect dependance, either on the rest of the organic functions, or on any of the animal; on the former for the supply of blood, and on the latter for the arterialization of the blood supplied. There may be irritability where no action of nerves, and even where no nutrition, is going on; but there can be no nutrition, and no action of nerves, without irritability. Hence the exercise of this property appears to be the most fundamental of all the functions of living bodies; and it seems as reasonable and expedient to begin the study of the animal economy by an examination of its laws, as to begin the study of the actions of a machine at the point where the moving power is applied."

We take the foregoing abstract from the second Number of the Edinburgh Philosophical Journal, and give it here, because it is, in a manner, a duty in us to let our readers know that such opinions have been published. We cannot, of course, offer any judgment on the value that may be attributed to them, because we do not know on what facts the arguments for this doctrine may have been founded; but they must be new and very extraordinary ones that can render such a paradox feasible, in opposition to what is known on this subject by those who have thoroughly investigated it.

We were obliged to close the department for Critical Analyses in the present Number without having noticed an elegantly-written and erudite work, by Dr. Adam Hunter, on some mineral springs that have re-

cently been discovered at Harrowgate, and on those of Thorp-Arch and Ilkley,* that has for some months past been urgently requiring our attention: we shall, then, in this place, adduce a few detached extracts from it, to show the properties of the waters, and recommend this interesting work to the perusal of our readers; for it is not susceptible of an analysis in a concise form, the detail of the chemical experiments necessarily occupying considerable space; and, on treating of the qualities of the waters, the author has so connected his remarks on those in particular, with reflections on the use of saline waters, bathing, &c. in general, and the natural history of several others of similar qualities, illustrated by the observations of many of the best writers on the subject, that we rather desire, indeed, that our readers should participate the pleasure we have enjoyed in its perusal, than to be the means of depriving them of it, by furnishing them with what they might think an analysis of the contents of this valuable essay.

"The two springs, the analysis of which is now presented to the public, were discovered about seven months ago, by boring in search of sulphur-water to supply the increasing demand for the baths. They are situated at the distance of about 200 yards from the promenade-room, in a field adjoining the Leeds and Ripon road, the property of Mr. Oddy, of the Lodge, at Low Harrogate. They have a north-east aspect, and command a pleasant view of the Lodge and neighbouring valley, which is tastefully laid out, and ornamented with clumps of trees.

"*New Saline Chalybeate Spring at Harrowgate.—Natural Properties.* The water newly taken from the spring is transparent, and has rather a sparkling appearance when poured from one glass into another: the taste is distinctly saline, but not unpleasantly so, compared with the sulphur-water. The temperature of the well was 47° Fahrenheit, the thermometer in the shade standing at 62°; and, being immersed in a pool of water in the immediate neighbourhood, it stood at 58°. Its specific gravity is 1·0075.

—"Upon summing up the various products in the foregoing analysis, the wine-gallon will be found to contain: Muriate of soda, 434,00 grains; muriate of lime, 30·00; muriate of magnesia, 13·00; sulphate of lime, 9·00; carbonate of iron, 5·00; carbonate of lime, 3·00; loss, 2·50: —total, 496·50.

"*Gaseous Contents.*—Carbonic acid gas, 6·320 cubic inches; azotic gas, 3·970; oxygen gas, 0·870:—11·160.

"*New Chalybeate Spring.—Sensible Properties.* The appearance of the water, when first taken from the well, is remarkably clear and bright; no perceptible smell can be detected; it sparkles gently when poured from one glass into another; when at rest, air-bubbles slowly separate, and adhere to the sides of the glass; the taste is distinctly and strongly chalybeate. The temperature was 48° Fahrenheit, the surrounding atmosphere varying from 58° to 64°. Specific gravity, 1·0012.

—"From these experiments it is evident, that iron is the predominant ingredient in this water. The proportions in a wine-gallon being, of

* *An Essay on two Mineral Springs, recently discovered at Harrowgate; and on the Springs of Thorp-Arch and Ilkley: including the History, Chemical Analysis, and Medicinal Properties of these Waters; with some Observations on their Use.* By ADAM HUNTER, M.D. F.R.M.S.E. Physician to the House of Recovery at Leeds. 8vo. pp. 134. Robinson and Co. Leeds; Hurst, Robinson, and Co. London. 1819.

carbonate of iron, 10·50 grains; muriate of soda, 2·50; muriate of magnesia, a very minute quantity. Carbonic acid gas, 16·500 cubic inches; azotic gas, 4·200:—total, 20·700.

"*On the Mineral Spring at Thorp-Arch.*—Thorp-Arch is beautifully situated upon the banks of the River Wharfe, between Tadcaster and Wetherby, and at nearly an equal distance of 12-13 miles from Leeds, Harrogate, and York.

"*Chemical Analysis.*—When recently drawn from the pump, the water has a clear sparkling appearance, but on standing a short time becomes slightly turbid. It has a distinct saline taste, not unsimilar to the saline chalybeate spring at Harrogate, which it also resembles in its other sensible properties. Temperature 49°, the surrounding medium being 57°. Specific gravity, at 55°, 1·0095.

"The wine-gallon contains, muriate of soda, 562·00 grains; muriate of lime, 12·25; muriate of magnesia, 7·25; carbonate of iron, 1·75; silica, 0·75;—584·00. *Gaseous contents:* Carbonic acid, 10·56 cubic inches; azotic gas, 6·00:—16·56.

"The component parts of this spring do not differ materially from those of the sulphur and saline chalybeate waters at Harrogate. It contains a smaller proportion of saline matter than the former, and less iron than the latter; while, at the same time, it partly combines the properties of both. Though the sulphuretted hydrogen gas, with which it was formerly said to be impregnated, has now disappeared, it not only retains the same quantity, but, by the present analysis, seems to have acquired an additional proportion of saline ingredients.

"*Observations on the Ilkley Fountain.*—The village of Ilkley lies on the south side of the Wharfe, upon the road between York and Lancaster, about sixteen miles west from Thorp-Arch, six miles from Otley, and sixteen from Leeds; while at a considerable distance to the north-west lies the ancient town of Skipton.

"The wine-gallon was found to contain, muriate of lime, 6·50 grains; muriate of magnesia, 3·00;—total, 9·50. *Gaseous contents:* Carbonic acid gas, 12·60 cubic inches; atmospheric air, 5·40:—18·00."

We take the following account from the *Journal der Practischen Heilkunde des Berlin*, for May 1819: it will be generally perused with pleasure, we think, for various reasons.

The Celebration of Jenner's Festival *at Berlin, in the Year* 1819.—On the 14th of May, the physicians of Berlin, according to custom, celebrated in the most joyful manner that day, appropriated to the remembrance of the practice of cow-pox inoculation, and of its illustrious discoverer, Edward Jenner. The report, made by the Institution, of the progress of vaccination in the Prussian monarchy, during the year 1817, was of the most gratifying kind. The whole number inoculated was 307,596; of which number there were within the extent of the administration of Berlin, 5,353 (2,600 of these in the Royal Vaccine Institution); at Königsberg 22,685, Grunbinnen 24,525, Danzig 12,458, Marienwerder 18,169, Potsdam 16,044, Frankfurth 17,900, Stettin 13,826, Coslin 1,016, Stralsund 4,829, Breslau 17,816, Liegnitz 16,124, Reichenbach 14,658. Oppeln 17,448, Posen 26,086, Bromberg 18,144, Magdeburg, 9,007, Merseburg 13,269, Erfurt 7,364, Münster 4,550, Minden 10,737, Cleve 4,498, and Coblenz 10,990. The accounts from

Arensberg, Colln, Düsseldorf, Aschen, and Trier, were not less agreeable.

Prize Question.—THE Royal Academy of Sciences of Paris proposes as a prize question, to be decided in 1821, the following:

"To give a comparative description of the brain in the four classes of vertebral animals, and particularly in reptiles and fishes, endeavouring thence to recognize the analogy of the different parts of this organ; marking with care the changes of form and of proportion they present, and following, as profoundly as possible, the roots of the cerebral nerves.

"It will be sufficient to make the observations on a certain number of genera, chosen in the principal natural families of each class; but it will be necessary that the principal preparations be represented by drawings sufficiently detailed, that they may thence be reproduced, and their accuracy determined."

The premium will be a golden medal of the value of three thousand francs; it will be appropriated in the public sitting of the month of May 1821. The utmost term for the transmission of memoirs, legibly written in French or in Latin, is the 1st of January, 1821. They should be addressed, free of carriage, to the Secretary of the Institute.

REPORT OF DISEASES.

THE remarkable severity of the present season has produced the ordinary effects of such a temperature of the atmosphere in great cities, which are generally more severe and frequent here than in the open country. In the latter the temperature is nearly similar in different localities; but in cities, especially those, like London, not built in regularly extended streets, the active walker will in some parts glow with warmth, whilst a sudden turn will expose him to a current that will chill him by its cold. This will in some degree, perhaps, explain why persons of robust habits, who bear the climate of our island generally without inconvenience, are so commonly affected with pulmonary disorders and rheumatism when in London. These, with hooping-cough in children, which is particularly prevalent in the south-western district, are the reigning maladies. Laryngitis has been frequent, too, in adults; though the inflammation, in most cases, extends throughout the whole bronchiæ. We cannot too forcibly inculcate the use of tartar-emetic, after blood-letting, &c. and with blisters, in the latter affection: but, we repeat, it is only in very large and frequent doses that its good effects will be fully experienced. Many medical practitioners, with whom we have discoursed on the use of this remedy, hear with scepticism that it may be administered in doses of half a grain, and frequently a grain, to adults, repeated every two or three hours, without causing vomiting, after one or two attacks of that action, especially if the bowels have previously been purged; but experience has convinced several of them of the truth of this statement, and disclosed to them a remedy of very considerable value, which they had previously thought but lightly of, from its having been exhibited in insufficient quantity. This must be remarked: the use of it in this way must be accompanied with assiduous attention to its effects, as very great debility not unfrequently comes on with great rapidity; but that produced by excessive blood-letting in intense inflammatory affections, is often equally great, more permanent, and very often much less efficacious.

As no other particular remarks occur to us on the prevalent diseases, we shall terminate this Report with some further assertions respecting tartar-emetic. In diseases of the heart accompanied with excitement, joined with digitalis, and sometimes with belladonna, &c.; and in many forms of disease of the liver of an inflammatory character, with calomel, sulphate of magnesia occasionally, and the other ordinary measures; the efficacy of tartar-emetic merits the warmest praise. Here, of course, it must be given in much smaller doses.

METEOROLOGICAL JOURNAL.

By Messrs. WILLIAM HARRIS and Co. 50, Holborn, London.

From October 20 to November 19, inclusive.

Day of Month.	Moon.	Rain guage	THERM.			BAROM.		De Luc's HYGROM. Dry	De Luc's HYGROM. Damp		WIND.		ATMOSPHERIC VARIATION.		
Oct.															
20		,35	53	55	42	29·72	29·60		16	19	SW	NW	Cloud.	Rain	Rain
21		,14	44	38	30	29·54	29·38		14	15	NW	SE	Cloud.	Snow	Rain
22			33	40	38	29·46	29·50		11	14	NW	W	Snow	Rain	Cloud.
23			41	45	38	29·40	29·40		15	14	W	N	Fine	Cloud.	Cloud.
24			41	47	37	29·40	29·45		13	12	N	N	Fine		
25			40	44	35	29·55	29·58		11	11	NW	W	Fine		
26	☾		46	50	34	29·66	29·82		12	10	N	NW	Rain	Fine	Fine
27		,06	39	44	33	29·85	29·84		11	13	NNW	NE	Fine	Rain	Cloud.
28			36	40	35	29·81	29·78		12	1[illegible]	NE	NE	Fine		
29		,30	37	40	39	29·57	29·56		12	13	NE	ENE	Cloud.	Rain	Rain
30		,66	41	42	46	29·57	29·70		14	16	NE	NE	Rain		
31		,50	49	50	46	29·86	29·92		20	16	E	NE	Rain	Rain	Fine
Nov															
1		,02	47	47	44	29·86	29·76		17	15	E	NNE	Rain	Cloud.	Fine
2	○		46	49	39	29·78	29·77		13	12	N	NW	Fine		
3			44	46	40	29·97	30·05		11	12	NW	W	Fine		
4			46	49	48	29·96	29·90		12	14	W	W	Fine		
5		,17	51	54	47	29·73	29·57		13	16	SW	W	Cloud.	Cloud.	Rain
6			51	55	44	29·52	29·44		15	12	W	WSW	Fine		
7			46	47	39	29·43	29·56		12	13	W	W	Fine	Cloud.	Cloud.
8			42	44	34	29·63	29·80		11	10	NE	N	Fine		
9	☽		37	40	44	29·91	29·64		11	11	WNW	WSW	Fine		
10		,15	48	50	44	29·40	29·44		12	13	WSW	NNE	Fine	Fine	Rain
11		,24	46	47	39	29·73	29·95		15	13	NE	ENE	Cloud.	Rain	Rain
12		,05	44	47	43	29·97	29·90		12	11	ENE	NE	Fine	Fine	Rain
13			46	49	44	29 83	29·80		12	12	E	NNE	Cloud.		
14			46	48	44	29·83	29·83		14	15	N	NW	Fine	Fine	Cloud.
15		,10	46	48	42	29·76	29·60		14	14	WNW	N	Cloud.	Cloud.	Rain
16		,49	43	44	3[illegible]	29·55	29·55		15	14	NNE	NE	Rain		
17	●	,09	40	41	42	29·60	30·00		13	15	E	ENE	Cloud.	Rain	Cloud.
18			44	46	34	30·10	30·10		11	9	E	NE	Fine		
19			37	39	36	29·98	29·85		10	9	NE	N	Cloud.		

The quantity of rain fallen in October, is 2 inches and 51-100ths.

*** *In order that the next half-yearly History of the Progress of Medicine may comprise a complete account of the medical literature of England to the close of the present year, and that of Foreign Nations as nearly as possible to the same period, without interfering with the usual Monthly Number of the Journal, to the exclusion of other valuable matter, it is intended to publish a Supplementary or extra Number in January. The Title and Index will in future be given in the Supplements.*

To prevent disappointment, the Subscribers will please to give their Booksellers directions to order their Correspondents to forward the Supplementary Number with the current one.

☞ *The Publisher informs the Subscribers to this Journal, that the* GENERAL INDEX, *or Analytical Table, of the first* FORTY VOLUMES, *will certainly be ready for delivery on the 15th of December; and, as very few more Copies than what are subscribed for have been printed, it is necessary for those who wish to obtain a Copy to order it immediately, through the Booksellers or otherwise.*

Want of Room obliges us to defer the List of Books *until the next Number.*